

School of .....  
**Mae Fah Luang University**  
 No.....  
 Date.....  
 Time.....Recorded by.....



**The Division of Registrar**  
**Mae Fah Luang University**  
 No.....  
 Date.....  
 Time.....Recorded by.....

**DIVISION OF REGISTRAR, MAE FAH LUANG UNIVERSITY**

**Request Form for S/U or V/W Registration**

Semester  First  Second  Summer Academic year.....  
 Student Level  Undergraduate  Graduate

**(1) To Head of the Division of Registrar**

Name Mr/ Miss/ Mrs..... Student ID

Study in School of.....Program of.....GPAX..... Mobile phone.....

Have registered for.....credits and would like to request S/U or V/W evaluation for the following

| Course code | Course title | Evaluation type |     | Reason for | (2) Instructor's / Coordinator's Comment |             |           |
|-------------|--------------|-----------------|-----|------------|--|-------------|-----------|
|             |              | S/U             | V/W |            | Approved                                 | Disapproved | Signature |
|             |              |                 |     |            |  |             |           |
|             |              |                 |     |            |  |             |           |
|             |              |                 |     |            |  |             |           |

So that the total credits this semester will be.....credits. After 3 working day of the submission of this request, I will check the result at Division of Registrar or via <http://reg.mfu.ac.th>

Student's Signature .....  
 (.....)  
 ...../...../.....

|  |   |
|--|---|
| <p><b>(3) Advisor's Comment</b></p> <p>.....</p> <p>.....</p> <p>Signature .....</p> <p>(.....)</p> <p>...../...../.....</p> | <p><b>(5) Head of the Division of Registrar's comment</b></p> <p>.....</p> <p>.....</p> <p>Signature .....</p> <p>(Mr.Ruangsak Kiengkamon)</p> <p>...../...../.....</p> |
| <p><b>(4) Dean's Comment</b></p> <p>.....</p> <p>.....</p> <p>Signature .....</p> <p>(.....)</p> <p>...../...../.....</p>    | <p><b>(6) Recorded by Division of Registrar's staff</b></p> <p><input type="checkbox"/> Recorded</p> <p>Signature .....</p> <p>(.....)</p> <p>...../...../.....</p>     |