



An Application Form for Summer Registration for Full-time Students Office of Academic Promotion and Registration Valaya Alongkorn Rajabhat University under the Royal Patronage

DayMonth.....Year.....

Subject: Summer Registration

To: Dean

MISS MRS. MR (.....)

Please write neatly.(Thai) Use full military rank

I am Mr , Miss , Mrs.....student I.D.....

Date of Birth: day.....month.....year..... full-time, at VRU main campus Bangkok campus

Srakaew campus in the undergraduate degree ofyears, program....., major....., field.....

faculty.....telephone number.....E-mail.....

I would like to apply for Summer Registration in the semester...../..... in the following courses :

Sect.	code	Courses	Credits	cluster	Day/Time	Number of Students	Instructor	Instructor's Approval

The reason for adding the stated courses is that.....

(Remark: The instructor has to check the correct number of students in the courses).

I would like to withdraw the following courses in the semester/..... .

Sect.	code	Day/Time	Courses	Credits	Instructor	Instructor's Approval

The reason for withdrawing the stated courses is that.....

Sincerely yours,

.....Student

(.....)

...../...../.....

Advisor's opinion

..... Advisor

(.....)

...../...../.....

Result of Dean's Consideration Not Approve Not Approve

.....Dean

(.....)

...../...../.....

Conditions of Summer Registration the courses have to:

1. Be foundation courses
2. Have " F " or " Unsatisfied "
3. Be the courses in the final semester as assigned in the curriculum or
4. Any other courses assigned by Valaya Alongkorn Rajabhat University
5. Be registered of not more than 9 credits.

Step in Summer Registration

