SHINAWATRA UNIVERSITY
Registration Form

Form: RE002
Revision: 02
Date: 12/12/2003

Ref:……/……

Semester: 1 / 2559

Name: (Mr. / Mrs. / Ms.)_____ ID: _____
(IN BLOCK LETTERS)

Program:
☐ Undergraduate (Please specify) _____
☐ Graduate (Please specify) _____
☐ Other (Please specify) _____

Oreder	Course Code	Course Title	Credit	Section	Remarks
		Total credit			

❶ For Advisor's Approval

_____

_____

_____

(_____)

_____/_____/_____

❷ For Office Use Only

Proceeded date:_____

_____

(_____)

_____/_____/_____

Instructions:

- Complete your application
- Take the approval from Advisor
- Submit to the Department of Registration and Education Services
- The requisition will be completed after the submission by 24 hours