



SHINAWATRA UNIVERSITY

Re-examination Form

Form: RE022
Revision: 01
Date: 03/10/2006

	Semester: ____/____
Name: (Mr. / Mrs. / Ms.) _____	ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
(IN BLOCK LETTERS)	
Program: <input type="checkbox"/> Undergraduate (Please specify) _____ <input type="checkbox"/> Graduate (Please specify) _____ <input type="checkbox"/> Other (Please specify) _____	Scholarship: <input type="checkbox"/> Yes _____ (please specify) <input type="checkbox"/> No

I would like to reexamination in following course(s):

No.	Course Code	Course Name	Credit	Instructor's comment
1				
2				
3				
4				
5				
6				
Total Credit(s)				

Reason(s): _____

Signature: _____

Date: _____

<p>❶ For Advisor's Comment</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">_____ (_____) ____ / ____ / ____</p>	<p>❷ For Chairperson's Approval</p> <p>Received date: _____</p> <p>Proceeded date: _____</p> <p style="text-align: right;">_____ (_____) ____ / ____ / ____</p>
<p>❸ For Office Use Only</p> <p>Received date: _____</p> <p>Proceeded date: _____</p> <p style="text-align: right;">_____ (_____) ____ / ____ / ____</p>	<p>Instructions:</p> <ul style="list-style-type: none"> Complete the form (with pen only) Take the comment from instructor and advisor. Take the approval from chairperson