# SHINAWATRA UNIVERSITY
## Registration Form

Form: RE002
Revision: 04
Date: 02/11/2005

Ref:……/…….

Semester: 1 /58

Name: (Mr. / Mrs. / Ms.)_____ ID: ☐☐☐☐☐☐☐☐☐-☐

(IN BLOCK LETTERS)

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

| No. | Course Code | Course Name | Credit | Section | Remarks |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| | | | **Total credit(s)** | | |

***I, hereby, will accept all responsibilities and consequences borne by my disagreement to the advise of my advisor.***

Signature:_____

Date:_____

❶ **For Advisor's Approval**

_____

_____

_____

(_____)

_____/_____/_____

❷ **For Office Use Only**

Proceeded date:_____

_____

(_____)

_____/_____/_____

**Instructions:**

- Complete the form
- Submit to the Division of Registration or Education Services