



IUP Faculty of Engineering Regis. Number..... Date.....
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## Request to add classes after the deadline

Date..... Month.....Year.....

**Re: Add classes after a deadline.**

Semester  First  Second  Summer Academic year.....

I, Mr. / Ms. .... Student ID.....

Department of..... Faculty of Engineering, Kasetsart University

Mailing address .....

Telephone ..... E-mail.....

Would like to.....

Specify objective and reason.....

**Attachments.**

KU.3 (Professor signs/ certifies that the students has attended at least 80% of the total class time.)

I hereby certify that the above statement is true in all respects.

**Student's signature**.....

<p>① Advisor's opinion.</p> <p><input type="checkbox"/> Approve <input type="checkbox"/> Not approve</p> <p>Reason (if any).....</p> <p>.....(Advisor) .....(Date/Month/Year)</p>	<p>③ Opinion of the IUP Director.</p> <p><input type="checkbox"/> Approve <input type="checkbox"/> Not approve</p> <p>Reason (if any).....</p> <p>.....(IUP Director) .....(Date/Month/Year)</p>
<p>② Opinion of the Head of the Department.</p> <p><input type="checkbox"/> Approve <input type="checkbox"/> Not approve</p> <p>Reason (if any).....</p> <p>.....(Head of the Department) .....(Date/Month/Year)</p>	<p>④ Opinion of the Associate Dean.</p> <p><input type="checkbox"/> Approve <input type="checkbox"/> Not approve</p> <p>Reason (if any).....</p> <p><input type="checkbox"/> Office of Education Administration Director. Please consider the request.</p> <p>..... Associate Dean .....(Date/Month/Year)</p>