



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

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

Re: Withdraw 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 certifies that the midterm scores are announced after the deadline.)
- Medical certificate (to confirm illness during the withdrawal of courses according to the date of the academic calendar)

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