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|----------------------------|
| IUP Faculty of Engineering |
| Regis. Number.....         |
| Date.....                  |

# Request for enrollment in a course that overlaps with the time of study

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

Re: Enrollment in a course that overlaps with the time of study

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 student has attended at least 80% of the total class time in that course)

(Full-time instructors of courses in both subjects sign to allow students to register for overlapping classes)

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> |