



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

### Request for registration at another university or another campus

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

Re: Registration at another university or another campus

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 register to (University / Campus).....in  
(Course name)..... Course ID..... for a credit  
transfer to KU in place of (Course name)..... Course ID.....

Because I am a student enrolled in the last semester but the course to be studied is not offered in the semester stated above. A time for studying and exams do not overlap with other classes.

#### Attachments.

- Study plan/course description of another university/campus.
- Study plan/course description of **Courses enrolled at KU Bangkhen** (The lecturer of the course must allow the student to register as requested.)

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>