

## (Kasetsart University) Registration Request

## KU1

IUP, Faculty of Engineering

Academic year								••••	Semester			L	☐ Fir:	st	☐ Sec	ond	☐ Sumn	ner	Camp	ous $\square$ Bangkhen	
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Advisor Name										••••	Ac						Advis	visor ID			
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	Date													Date							

**Remark:** Lecture and Laboratory sections should be written on the same line. Write the total credits on the credits blank. Advisor: please draw a line and sign only at the end of the last row.