

## **Course Registration Request Form**

(Only for inbound exchange and non-degree students)

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:	Student	Information					
Name / Last Name:							
Home institution:							
Semester of exchange (Fall / Spring): Year of exchange:							
Al au In ta	ithorized   ternationa ke at least	n:  exchange students are required person, such as program director al Relations Office via e-mail at ir_r t 9 credit hours per semester in odit hours for undergraduate studer	rs and/or ex music@mah rder to be o	kchange co nidol.ac.th. eligible full	ordinato Inbound -time stu	rs at the home institution Exchange students are red dent status and cannot ta	n, to the quired to
о.	Course Title	Course name	Credits	Section	Date	Time	Program
	Title						
For Home Institution This is to confirm that the student has approved to register the above courses.							
[Signature]							
[Full name]							
[Position]							
[Date]							