Request form for late registration /course adding and withdraw in extraordinary Faculty of Nursing, Khon Kaen University

KKU Ref					Faculty of Nursing, KKU			
				Da	Date			
To Director of the Office of D	. ,							
To Director of the Office of Reg	jistrar,							
(Mr /Mrs /Ms)					0.			
(Mr./Mrs./Ms.) Student ID No								
	octor of Philosop							
Request to Course								
the semester, Academic y as followed;	/ear 2014. The	total cou	irses in re	quest a	re	cours	ses and credit	
No. Course number and cou	irea titla	credit	section	To a constitution				
		Or Care	3000001		Type of registration		Recommendation	
				Credi	τ	Audit	of course manager	
				<u> </u>				
By the reason of								
By the reason of								
Consequently I request hereby for your consideration.								
Signature								
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					Date/			
					De	ne/	••••••	
1.Recommendations	2. The education service section of			of	3.Statement of the Dean			
of general Advisor Dean,	the faculty verifies Dean,				The Director of the Office of Device			
***************************************	Should be proposed in the			11	The Director of the Office of Registrar , Please kindly take any			
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of the Office of Registrar							·.	
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