

School of
Mae Fah Luang University
 No.....
 Date.....
 Time.....Recorded by.....



The Division of Registrar
Mae Fah Luang University
 No.....
 Date.....
 Time.....Recorded by.....

DIVISION OF REGISTRAR, MAE FAH LUANG UNIVERSITY

Request Form for S/U or V/W Registration

Semester First Second Summer Academic year.....
 Student Level Undergraduate Graduate

(1) To Head of the Division of Registrar

Name Mr/ Miss/ Mrs..... Student ID

Study in School of.....Program of.....GPAX..... Mobile phone.....

Have registered for.....credits and would like to request S/U or V/W evaluation for the following

Course code	Course title	Evaluation type		Reason for	(2) Instructor's / Coordinator's Comment		
		S/U	V/W		Approved	Disapproved	Signature

So that the total credits this semester will be.....credits. After 3 working day of the submission of this request, I will check the result at Division of Registrar or via <http://reg.mfu.ac.th>

Student's Signature
 (.....)
/...../.....

<p>(3) Advisor's Comment</p> <p>.....</p> <p>.....</p> <p>Signature</p> <p>(.....)</p> <p>...../...../.....</p>	<p>(5) Head of the Division of Registrar's comment</p> <p>.....</p> <p>.....</p> <p>Signature</p> <p>(Mr.Ruangsak Kiengkamon)</p> <p>...../...../.....</p>
<p>(4) Dean's Comment</p> <p>.....</p> <p>.....</p> <p>Signature</p> <p>(.....)</p> <p>...../...../.....</p>	<p>(6) Recorded by Division of Registrar's staff</p> <p><input type="checkbox"/> Recorded</p> <p>Signature</p> <p>(.....)</p> <p>...../...../.....</p>