

NU 11

Naresuan I	University
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W.	39		Request Form for Withdrawal DateMonthYear						
Academic Year Semester ID									
First name – Family name (Mr./Miss/Mrs.)									
FacultyMajor									
Academic Supervisor ID First name – Family name									
No.	No. Course Code						COURSE NAME		X(x-x)
			1	1	1				
1									
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3									
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6									
Suggestions  1. Students must fill correct information in both parts of this form.  2. In case of error correction, an academic supervisor needs to initial for all corrections.  3. Withdrawal can be made only if students have already registered the course.  4. After finishing filling the form, students must draw the ending line and ask for the supervisor's initial.  5. Information shown in e-Registrar (www.reg.nu.ac.th) is used for withdrawal confirmation.  Naresuan University  (For Registration Office Use)									
(For your own benefit, please indicate your telephone number)  Request Form for Withdrawal NU11  Telephone number									
<b>No.</b>		Cou	rse Co	ode		X(x-x)	Name		
2 3 4 5							Student Code		

Student's signature	Academic Supervisor's			
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DateYear	DateYearYear			