

**Request Form for Subject Registration Exceed or Below Credit Limit**  
(For Undergraduate Students)

Faculty/College.....  
Date.....

**Subject :** Request for subject registration exceed or below credit limit

**To :** The Dean faculty/college of.....

I, (specify name and family name) (Mr.,Miss,Mrs.,others).....

.....Student's ID .....

Faculty.....Field of study.....

Program ( ) Regular ( ) Special ( ) International GPA.....

would like to request for registering my subject(s) with special exempt from credit limit in academic year .....as followed.

1. In ( ) First ( ) Second Semester

1.1 ( ) exceed 22 credits, i.e. request for..... credits

1.2 ( ) below 9 credits, i.e. request for ..... credits

2. In ( ) Summer Session above 9 credits, i.e. request for..... credits

For the reason that (Specify rationale).....

.....  
.....  
.....

Student's Signature .....

(.....)

Telephone.....

**For Officer use only**

Opinion of academic advisor	Opinion of the academic service officer	Judgment of the Dean
( ) should be allowed	To the Dean:	( ) with approval
( ) should not be allowed	This student should.....	( ) without approval
For the reason.....	( ) be allowed	
.....	( ) not be allowed	
.....	For the reason .....	
.....	.....	
.....	.....	
Signature.....	Signature.....	Signature.....
(.....)	(.....)	(.....)
Date...../...../.....	Date...../...../.....	Date...../...../.....

