



Cross-Registration Request Form

Dhurakij Pundit University

Date...../Month...../Year.....

Subject: Request for an approval of cross-registration with other universities or institutions

To: Vice President of Academic Affairs

Name .....Student ID number .....

I Would like to cross-register to study at other universities / institutions from.....

To .....

Level of Education  Undergraduate  Postgraduate

Contact Address .....Telephone Number.....

I would like to cross-register to study the following course (s):

No	Course Title (Host University / Institution)	Course Code	Class Group	Equivalent to Course Title (Home University / Institution)	Course Code
1					
2					
3					

Student from other university / institution must attach

- 1. A letter of Permission
- 2. A copy of National ID Card
- 3. A copy of Student ID

Dhurakij Pundit University student must attach Course Structure

Sign .....Student

Please process the request according to the steps below and return the request form to the Office of Registrar

<p>1. Advisor's Comment</p>          <p>Sign .....Date.....</p>	<p>2. Dean's Comment</p>          <p>Sign .....Date.....</p> <p>3. Registrar Office (Verified For Graduation)</p> <p>Sign .....Date.....</p>
<p>4. Vice President of Academic Affairs</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p>Sign .....Date.....</p>	<p>5. Office of Finance and Investments (Only students from other University / institution)</p> <p>Student has already paid the registration fees and other related fees according to the regulations of the University</p> <p>Sign.....Date.....</p>