



### Course Withdrawal (W) Request Form

Dhurakij Pundit University

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

**Subject:** Request for Course withdrawal (W)

**Dear:** Vice President of Academic Affairs

**Enclosed:** .....

Name....., Student ID number.....Tel. ....

1. Level of Education  Undergraduate  Postgraduate,

2. Class Session  Regular Class  Evening Class

3. Majoring in.....I would like to request course withdrawal (W) in semester .....Academic year .....

Request within the withdrawal period  Request after the withdrawal period

**(You should request approval from the Dean)**

No.	Course Code	Course Name	Group no.

Due to .....

For your consideration,

Sign.....Student

**Please process the request according to the steps below**

1. Advisor's comment	2. Dean's comment
3. Office of Registrar	

The result of your requested is  Approved  Not Approved .....

Sign.....Vice President of Academic Affairs or Representative

Date .....