

Request Form for Section Change

To be processed by Department..... Faculty

(For submission to department offering the class during November 15 – 18, 2021)

Date

I,, student ID

Faculty Major Advisor

Contact address Telephone

request for the following action:

Section Change

Course Number	Old Section			New Section		
	LECT.	/	LAB.	LECT.	/	LAB.
		/			/	

Please indicate the reason for section change:

.....

Student's signature

Approval of advisor:

Advisor's signature

(.....)

Approval of instructor:

Approve / Deny

Remarks:

Instructor's signature

(.....)

Note:

1. If the student wishes to cancel the request, he/she must retract the form in person from the department offering the class and cancel the online request (if applied).
2. The student can check for the approval result online at www1.reg.cmu.ac.th. If correction is needed, please contact the department offering the class.
3. The above actions must be done prior to the final announcement of course enrollment.