College of Management Mahidol University

Add /Drop/Withdraw Request Form

Date ……/ ……. / ……

Student ID._____Name_____Major_____

Email_____ Mobile No. _____

Term ☐ May ☐ Sep ☐ Jan Year_____

Course Code	Course Name	Sec.	A	D	W	Instructor/Advisor Signature
MGMG_____						
MGMG_____						
MGMG_____						
MGMG_____						
MGMG_____						
MGMG_____						

Note: 1. This request must be submitted before the end of Add-drop period as stated in the Academic Calendar.

2. Submitting this request to drop from a course after the end of add-drop period will be considered 'Withdraw'. Student will receive grade 'W' as a result, and it is not possible to request for a refund after the add-drop period.

Reason for Request (required)

_____

_____

_____

Student** ☐ By signing below, I acknowledge that I have reviewed my program structure and degree requirements. I confirm this course request is consistent with my study plan and understand that I am solely responsible for ensuring this adjustment fulfills my graduation obligations.

Signature _____

Date _____

Program Chair ☐ Approve ☐ Not Approve Signature _____

Date _____

☐ This is not the normal college rules and regulation.
Academic affairs cannot approve this request.

_____
Academic Affairs