



College of Management Mahidol University
Add / Drop / Withdraw Request Form

No.

Date/...../.....

Student ID. _____ Name _____ Major _____

Email _____ Mobile No. _____

Please select options that applied | Term May Sep Jan **Year** _____

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

Note: Request submitted after the end of the period stated in Academic Calendar will require a special authorization and do not guarantee approval.

Reason for Request (required)**

Student Signature _____

<input type="checkbox"/> This is not the normal college rules and regulation. Academic affairs cannot approve this request.	_____ Academic Affairs
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