



College of Management Mahidol University

Add/Drop Request Form

No.

To Whom It May Concern

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

Student ID. _____ Name _____ Major _____

Email _____ Mobile No. _____

Request for

1 Add (A) / Drop (D) / Withdraw (W) / Change (C) | (Term /)

| Course Code | Course Name | Sec. | A | D | W | C | Instructor Signature |
|-------------|-------------|------|---|---|---|---|----------------------|
| MGMG | | | | | | | |
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| MGMG | | | | | | | |
| MGMG | | | | | | | |

Note. Request after end of provided period it course some fee and special authorize

2 Other _____

Reason for Request

Student Signature _____

Comment

Signature

Approve Not Approve

Program Chair

Approve Not Approve

Program Director

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

Academic Affairs