Student Report

Department	Group:	Grade :	Class:		Application Date	(Y)	(M)	(D)
Student ID				Phone				
Name				E-Mail				
Subject :								
Description: <please Reasons for applicati</please 		demic year	and the cour	se title and	l course code if	you need to	o add the	course>
				Applican	t Signature :			
Department Chairma	n's opinion:							
Case Officer at Curriculum & Regis	tration Division			riculum and Division	l Registration	Dean of Ac	cademic A	ffairs

* Prerequisites for taking courses are audited by the department. After the chairman's approval, send photocopies to Curriculum and Registration office for reference.

Procedures:

- 1. Applicant fills out the reason and proposes for demands.
- 2. After the chairman's approval, the application shall be submitted to the Curriculum and Registration Division.
- 3. After signing, please send photocopies or e-copy of the form to the department for filing purposes. Confirmation should be done within 3 working days with Curriculum and Registration office or the department.