☐ Bachelor Degree

☐ Master Degree

Payap University

Pre -registration Form

Date……../……/……

Semester……Academic Year……..

Subject Pre-register courses

To Head of Department / Head of Program comments

I, Mr./Miss/Mrs……

Student's code ☐☐☐☐☐☐☐☐☐☐

Faculty……

Department……

, would like to pre-register because……

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Courses Register

Course No.	Section	Credits

Student's signature……

(……)

Contact phone number……..

Student must do as follow

1. Advisor's comments

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Signature……

(……)

……/……/……

2.Head of Department/Head of Program comments

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Signature……

(……)

……/……/……

3. Note of Director of Registration

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Signature……

(……)

……/……/……

Officer of Registration Office

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Signature……

(……)

……/……/……

Submit this form to Registration and Educational Services Office