

Received No.	AA.12
Received by	Date

Re-enrollment Form

	DateMonthYear
Mr./ Mrs./ Ms.) First Name	Surname
Felephone Email Address .	
Student ID	
Degree of Study: 🔲 Bachelor's Degree	☐ Master's Degree ☐ Doctoral Degree
Field of Study Faculty Faculty	
request for a re-enrollment beginning in the semester \Box 1	2 Academic Year
Advisor / Depresentative/s segment Approved Depis	d Ctudout/o simotumo
Advisor / Representative's comment. Approved Denie	d Student's signature ()
Signature (.)
Process within the faculty and other departments	s. 2. Process within Office of Academic Affairs.
1.1 Head of Program / Dean's comment.	2.1 Assistant Director / Manager / Officer's comment
☐ Approved ☐ Denied	EVD / ESD / SRD / ACD / GRD.
Signature	Signature
()/ /	(/)
1.2 The Office of Student Affairs (scholarship)'s	2.2 Director / Deputy-Director's comment.
comment.	☐ Process ☐ Do not process
Signature	Signature
(//	()//
1.3 The Office of Accountancy and Finance's comment.	2.3 Results.
	☐ Processed ☐ Did not process
Signature	
()//	Signature

Instructions to submit Re-enrollment Form

A student obtains the form at the counter service, Office of Academic Affairs, or downloads at http://reg.pim.ac.th



Completely fill out the form.



The student submits the form to obtain the approval / permission from:

- 1. Advisor.
- 2. Dean / Head of Program.
- 3. The Office of Student Affairs (scholarship).



The student pays the service fee at the Office of Accountancy and Finance.



An officer of Academic Affairs Office makes comments and requests the approval from the director of Academic Affairs.



The student verifies information in the database system.



Completion.