

Received No.	AA.08
Received by.	Date

Request to Repeat Class

	DateMonthYear
Mr./ Mrs./ Ms.) First Name	Surname
elephone Email Addr	ess
tudent ID	
egree of Study: Bachelor's Degree Master	r's Degree
ield of Study Faculty	-
·	Course Title
	Lecturer
	ear Received Grade
eason to repeat: Satisfy core course Adju	ust GPA Others
•	Others (please specify)
.,	
Lecturer's comment.	☐ Denied
	- Demen
Signature (
tudent's Signature(//
1. Process within the faculty.	
1.1 Advisor / Representative's comment.	1.2 Dean / Representative's comment.
☐ Approved ☐ Denied	☐ Approved ☐ Denie
	Signature
Signature	(/)
()/	
2. Process within the Office of Academic Affairs.	
2. Frocess within the office of Academic Affairs.	
2.1 Assistant Director / Manager / Officer's comment.	2.2 Results.
☐ Process ☐ Do not process	Processed from ESD
	Signature (
Signature	Processed from EVD.
()/ /	Signature (
	J [
equest to Repeat Class – Student's Part	
	
	Surname
tudent ID	
	aculty
	Section
Officer's Signature(//

Instructions to submit Repeat Class Form

A student obtains the request form at the counter service, Office of Academic Affairs, or downloads at http://reg.pim.ac.th Completely fill out the form. Obtain an approval from: 1. Lecturer from the new section. 2. Current Advisor / Head of Department. 3. Dean (current affiliation). The student submits the request form at the Office of Academic Affairs for the director's approval. Officers at Academic Affairs process the request. The student verifies the information. Completion.