

# CMR 44 Request Form for Course Adding

(For overload enrollment only)

Faculty.....

Date.....

Subject: Request for course adding of semester ...../Academic year.....

To: Director of Registration Office (through the approval of the course instructor)

My name is (Mr./Mrs./Miss) ..... Student ID .....

Faculty..... Major..... Advisor.....

Contact Address .....

Phone Number.....

I would like to add the following course.

COURSE CODE						CREDIT			SECTION	
						TOT.	LECT.	LAB.	LECT.	LAB.

**The reason for overload enrollment**

Register for graduation in this semester (please attach CMR 92)

Others.....  
 .....  
 .....

Please consider the request

Student's signature.....

(.....)

**Approval of advisor**.....

Advisor's signature.....

(.....)

**Approval of adding course instructor**

Approved  Disapprove because.....

Instructor's signature.....

(.....)