

Intermission Application Form for Graduate Student Registration Office

Prince of Songkla University Pattani Campus

	Date (day/month/year)				
Title: The Application of Intermission					
To: The Committee of the Faculty of					
My name is (Mr. / Ms.)			Student ID No		
Leve	l of Study	Major	. OFull - Time Program OPart -Time Program		
Year LevelI would like to apply for intermission for semester(s) in theSemester,					
Academic YearAnd thesemester, Academic yearand the reason is					
In this semester, I have not enrolled I have enrolled and paid.					
The followings are the enrolled courses:					
No.	Course Code	Course Title (All in capital letters)		Lecturer	
Please take consideration and your approval will be highly appreciated.					
(Sign)					
			()	
Reachable Address					
Tel					
Comments and Further Process					
1. Advisor's Comment			2. The Faculty Committee		
(Sign)///			(Sign)//		
()			()		
3. For Finance and Accounting Office use only			4. For Registration and admission use only		
The Office has received baht			Notify		
from the student and the payment is indicated in			Student Records Unit		
		and the receipt	Registration Unit		
no(Sign)			Study Evaluation Unit		
(Sign)///			(Sign) Head of Registration and admission Office		
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