

SOCIALIST REPUBLIC OF VIETNAM

Independence – Freedom – Happiness

APPLICATION FOR TAKING COURSES BEYOND LIMITATION

Semester: School Year: 20.....-20.....

- To:
- Head of Academic Office - The Saigon International University;
 - Dean of School of
 - Academic advisor.

Full name (*capital letters*): Date of birth:

Student ID number: Major: Class:

Education Level: Education Type:

Number of registered credits:

GPA of previous semester:

I am currently submitting this application for taking courses beyond limitation.

Reason:

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This is the list of course(s) that I would like to register:

| No. | Code of course | Name of course | Class code | Number of credits | Approval of Academic Office |
|--------------------------------|-----------------------|-----------------------|-------------------|--------------------------|------------------------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| Total number of credits | | | | | |

Ho Chi Minh City, / / 20.....

APPLICANT

(Sign and write down full name)

FEEDBACK OF ACADEMIC ADVISOR

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Ho Chi Minh City, / / 20.....

(Sign and write down full name)

APPROVAL OF ACADEMIC OFFICE

Allow students to register extra credits.

Ho Chi Minh City, / / 20.....

Note: Enclosed with this form, students must submit a valid **course registration result sheet** of the next semester.