

**SOCIALIST REPUBLIC OF VIETNAM**

**Independence – Freedom – Happiness**

**SUPPLEMENTARY COURSE REGISTRATION FORM**

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

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

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

Student ID number: ..... Major: ..... Class: .....

Education Level: ..... Education Type: .....

Number of registered credits: .....

I am currently submitting this form to register for supplementary courses for the next semester.

Reason:

.....

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

No.	Code of course	Name of course	Class code	Course Group Code	Number of credits	Approval of Academic Office
1.						
2.						
3.						
<b>Total number of credits</b>						

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

**STUDENT**

(Sign and write down full name)

**FEEDBACK OF SCHOOL**

.....

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

(Sign and write down full name)

**APPROVAL OF ACADEMIC OFFICE**

Allow students to register ..... supplementary credits.

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

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