TON DUC THANG UNIVERSITY **SOCIALIST REPUBLIC OF VIETNAM**

 **School of Graduate Studies Independence - Freedom - Happiness**

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 *Ho Chi Minh City, day ..... month ..... year 20...*

**LATE COURSE REGISTRATION REQUEST**

*To:*  **Faculty of**………………………………………………………

**School of Graduate Studies**

Full name: Student ID: Class:

Date of Birth: Place of Birth:

Phone Number:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Course Code** | **Course name** | Credits | Group | Semester / School year |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

Total of courses:

Reason of late course registration:

|  |  |  |
| --- | --- | --- |
| **School of Graduate Studies** | **Faculty**  | **Student** *(**Sign and write full name)* |