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*

COURSE REGISTRATION FORM

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

**School of Graduate Studies**

Full name: Student ID: Class:

Date of Birth: Place of Birth:

Phone Number:

Course registrations:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Course Code** | **Course name** | Credits | Group | Semester/ School year |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |

Total of course registrations:

Reason of course registration:

**Faculty Student**

*(Sign and write full name)* *(**Sign and write full name)*

|  |  |  |
| --- | --- | --- |
| **School of Graduate Studies** | **Information Verification**  Numbers of registered courses:  Tuition Fees:  Notes: | **Confirmation of Receipt**  Receive Date:  Appointment Date:  Receiver: |