



**Dear Assistant Dean for Academic Affairs, Faculty of ICT**

My name is (Ms./Mr.) \_\_\_\_\_ Student ID   
a student of the Bachelor of Science Program in Information and Communication Technology, Mobile Phone \_\_\_\_\_  
**I would like to change the following information :**

Current Track	New Track	
<input type="radio"/> CN : Computer Network <input type="radio"/> CS : Computer Science <input type="radio"/> DB : Database and Intelligent Systems <input type="radio"/> EB : E-Business Systems <input type="radio"/> HT : Health Information Technology <input type="radio"/> MM : Multimedia Systems <input type="radio"/> MS : Management Information Systems <input type="radio"/> SE : Software Engineering	<input type="radio"/> CN : Computer Network <input type="radio"/> CS : Computer Science <input type="radio"/> DB : Database and Intelligent Systems <input type="radio"/> EB : E-Business Systems <input type="radio"/> HT : Health Information Technology <input type="radio"/> MM : Multimedia Systems <input type="radio"/> MS : Management Information Systems <input type="radio"/> SE : Software Engineering	

**Reasons :** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<p><b>For official use only :</b></p> <p>Receiver _____ (counter officer)</p> <p>Date ____ / ____ / ____.</p>
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Signature \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Registrar Verification	Head of the Academic Administration Office	Assistant Dean for Academic Affairs
<input type="checkbox"/> Approve <input type="checkbox"/> Not Approve   Signature _____ Date ____ / ____ / ____	<input type="checkbox"/> Approve <input type="checkbox"/> Not Approve   Signature _____ (Miss Mayuret Yodkam) Date ____ / ____ / ____	<input type="checkbox"/> Approve <input type="checkbox"/> Not Approve   Signature _____ (Dr. Thanapon Noraset) Date ____ / ____ / ____

