



**SIRINDHORN INTERNATIONAL INSTITUTE OF TECHNOLOGY  
ACCREDITATION OF COURSES**

**Name of Student:**  Mr.  Ms.  Mrs. .... **Student ID No.:** .....

**Affiliation:** School of .....

**Degree Sought:**  M.Sc. (Engineering and Technology)  Plan A2  
 M.Eng. (Engineering Technology)  
 M.Eng. (Information and Communication Technology for Embedded Systems)  
 M.Eng. (Logistics and Supply Chain Systems Engineering)  Plan A2  Plan B  
 Ph.D. (Engineering and Technology)  Plan 2.1

**Semester:**  1<sup>st</sup> semester  2<sup>nd</sup> semester **Academic Year:** .....

Courses taken at:				Courses taken at:			
..... (A, B+, B)				Sirindhorn International Institute of Technology (A, A-, B+, B)			
Course No.	Course Title	Credit	Grade	Course No.	Course Title	Credit	Grade

**Total Credits** .....

*This request must be submitted in the first semester of the student's registration.*

Advisor name ..... Signature ..... Date .....

Approved  Disapproved : By the ..... JAE Meeting on .....

Number of approved accredited credits .....

Signature ..... Date .....  
(Head of School)

Forward this form to the Academic Services and Registration Division (AS&R)

This has been recorded in the academic record. .... Date .....  
(Signed by AS&R Officer)