

Semester ____/____

Admission No.

<input type="checkbox"/>	Mr.	<input type="text"/>	Faculty _____
First Name in English (BLOCK CAPITAL)			Major _____
<input type="checkbox"/>	Ms.	<input type="text"/>	Completed Credits _____
Last Name in English (BLOCK CAPITAL)			GPA _____
<input type="checkbox"/>	Mrs.	<input type="text"/>	Tel _____

Indicate your student status and request(s) by placing a "x" mark in the boxes provided below

Graduating Student Non-Graduating Student

Time Conflict Exam *						
		Mid Term Exam		Final Exam		
Course Code	Section	Date (DD/MM/YY)	Time	Date (DD/MM/YY)	Time	
1. <input type="text"/>	<input type="text"/>	___/___/___	___:___ to ___:___	___/___/___	___:___ to ___:___	
2. <input type="text"/>	<input type="text"/>	___/___/___	___:___ to ___:___	___/___/___	___:___ to ___:___	
3. <input type="text"/>	<input type="text"/>	___/___/___	___:___ to ___:___	___/___/___	___:___ to ___:___	
4. <input type="text"/>	<input type="text"/>	___/___/___	___:___ to ___:___	___/___/___	___:___ to ___:___	

Reason(s) _____

Time conflict examination' petitioning process: 1. Thoroughly read and understand the Time Conflict Examination Regulations on the reverse page of this petition. 2. Write the statement below in your hand writing. 3. Sign your name to agree with terms and conditions stated in the regulations. 4. obtain your Dean's consent. 5. Submit the petition to the Office of Registrar.

Remark* Graduating students may submit the petition to the Office of Registrar without Dean's consent, provided that the above number 1 - 3 requirements are completely fulfilled.

Write in pen the statement below and sign your name

"I hereby testify that I have made the above petition, and thoroughly read and understood the time conflict examination regulations provided on the reverse page of this petition form. Should I fail to observe terms and conditions stipulated in time conflict examination regulations, I will unconditionally accept all the consequences stated in the regulations."

_____ (Dean's Signature) ___/___/___ DD / MM / YY	_____ (Student's Signature) ___/___/___ DD / MM / YY
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STUDENT	OFFICER
Name _____ Adm. No. _____	Signature _____
Signature _____ DD / MM / YY	Signature _____ DD / MM / YY

Taking Time Conflict Examinations

1. The students must sit for all requested examinations with time conflict only in the assigned "Time Conflict Examination" room according to the "exam time conflict schedules". Information on "venue for time conflict exam" at Suvarnabhumi campus will be posted at Announcement Board 17 opposite SM 114, and at Hua Mak campus at D51, D Building in the morning of the exam day. Additionally, it can also be checked at www.au.edu and link to "Exam Time / Campus Conflict Schedule" 2 days before examination period.
2. Failure to observe the rescheduled seating arrangements will subject the students to automatic withdrawal and the refusal of their petition for the "late examination" for the subject concerned.
3. During exam period, students are not allowed to leave their assigned seats until the end of all of their exam time-conflict subjects.
4. If one of the requested subjects in the "Exam Time Conflict" is withdrawn, students must follow the original examination schedule for the remaining subject(s) (i.e. take the examination in the original exam room and time).
5. The students need to keep the "receipt" issued by the Office of the University Registrar, and present it to the Office in case that their names are not included in the "time conflict examination list".

