



INTERNATIONAL UNIVERSITY – VNU HCM
SCHOOL OF BUSINESS

REQUEST FORM

To: Office of Academic Affairs

Student's name: - ID:

Major: - Class:

Email: - Phone:

Academic Year: 20... - 20... Semester: 1 2 Summer

No.	Subject ID	Subject	Group	Revision Request		
				Add	Drop	Group SWAP
1						From group To
2						From group to
3						From group to
4						From group to
5						From group to
6						From group to
7						From group to
8						From group to

Reason

.....

.....

.....

Date: .../.../.....

Student's signature

FOR SCHOOL OF BUSINESS

Date of receipt: .../ .../

Date of response: .../ .../

Signature:

LECTURER

Date: .../.../.....

Signature:

FOR OAA

Date of receipt: .../ .../

Date of responses: .../.../.....

Signature: