



**INTERNATIONAL UNIVERSITY – VNU HCM
OFFICE OF GRADUATE AFFAIRS**

No: 01

SCHEDULE REVISION REQUEST

(SEE NEXT PAGE FOR INSTRUCTIONS)

Graduate student name: _____ ID: _____

School/Department: _____

Email: _____ Tel: _____

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

No.	Subject	Subject ID	Group request				Remark (For OGA only)
			Add	Drop	Group SWAP		
					Current	Expected	
1							
2							
3							
4							
5							
6							

Reason: _____

Student signature (required): _____ Date: _____

Advisor's/School's approval (required): _____ Date: _____

SECTION TO BE COMPLETED BY OGA

Received by: _____

Date of receipt: _____

Date of response: _____

OFFICE USE ONLY	
Processed by	Process date



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