



The Faculty of Economics

COURSES EQUIVALENCY FORM



For staff only

Date

Time

Host University	Thammasat University
Department:	Faculty
Pre-Requisite:	Pre-Requisite:

Course ID	Course Name and Description	Credit	Course ID	Course Name and Description	Credit

Course Duration:.....Week per (Semester/Quarter)

Agreement ☐ Faculty ☐ TU ☐ ISEP

ชื่อ - สกุล

Student Name

Mobile No.

E-mail: (xx.xx@st.econ.tu.ac.th)

Course ☐ Approved ☐ Not Approved

Committee.....
(Signature)

Date:

Comment/ Suggestion

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