

Resignation Request Form (ลาออก)

Day.....Month.....Year.....

Subject : Resignation Request

To : Vice President of Academic Affairs

Name Student ID number

Level of Education ☐ Bachelor ☐ Diploma ☐ Master's ☐ Doctorate ☐ Short course

Class Session ☐ Regular class ☐ Special class

College/Faculty Major Telephone

I would like to resign from the university due to

Therefore, I would like to inform you for your consideration and approval.

Sign Student Date/...../.....

| Please process the request according to the steps below | |
|--|---|
| 1. Advisor's Comment | 2. Dean's Comment |
| Sign Date/...../..... | Sign Date/...../..... |
| 3. Student Finance Department (only for funded student) | 4. Learning Library (check student library record) |
| Sign Date/...../..... | Sign Date/...../..... |
| 5. Registration & Learning Measurement | 6. Vice President of Academic Affairs / Representative |
| Student Services Request has been Accepted. Date/...../..... Sign Student Services Officer | Approved Sign Date/...../..... |
| Records Department Resignation has been successfully recorded. Date/...../..... Sign Records Department Officer | |
| 7. Finance Department | |
| Check outstanding tuition fees <input type="checkbox"/> No outstanding balance <input type="checkbox"/> There is an outstanding balance..... <input type="checkbox"/> Other Sign Finance Officer Date/...../..... | |