Office use only
Request no
Officer

Received/....



Document	encl	lose
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- ☐ A copied student card/Citizen ID card
 ☐ Medical certificate
- Others (please specify)

REQUEST FOR

•	
SUSPENSION OF STUDY/ MAINTAINING	STUDENT STATUS

		Written at			
		Date:	Date:		
Dear Dean of Faculty of Science	e				
(via O Deputy Dean for Ed	ucational Innovation and Salays	a/ \bigcirc Deputy Dean for Education an	nd Student Affairs)		
I am (Mr./ Miss)		(In elaborate handwriting) Student 1	I.D.:		
Faculty Ma	ior	Year Cumu	lative GPA		
	=	TCAS/ round			
		nail:			
		ter \square 2 nd semester/ academic year			
Work and to require the many	1010 11 01 01 01 01 01 01 01 01 01 01 01		***************************************		
SUSPENSION			MAINTAINING STUDENT STATUS		
\square 1 st semester \square 2 nd semester/	academic year		\square 1 st semester \square 2 nd semester/ academic year		
for the following reason:		for the following reason:			
O Illness (please enclose			O Study suspension		
O Receive a scholarship		O Disciplinary suspension	O Disciplinary suspension from university		
Program (please specify) O Attend a military draft (please enclose a military		☐ 1 st semester ☐ 2 nd semester/ Academic year O All required courses have been completed, but still			
notice/ใบสด.35)	(please eliciose a lilliary		have not met the following requirements:		
,			☐ The English Proficiency requirement has not		
O Personal reason	7)	been satisfied.			
O Others (piease specify)		ect/ senior project writing has not		
Student has enrolled courses in the suspended semester.			been completed.		
O Yes O No		_	☐ Others (please specify)		
I confirm that the infor	rmation given in this request				
			(Ctudent's signature)		
		(
		Date//			
	n is false or incomplete or wit	thout good cause, the student is not	allowed to suspend the study		
and maintain student status.					
	Parents'/ Gua	rdians' consent			
I (Mr./ Mrs./ Miss)	am the Parei	nt or Guardian of (Mr./ Miss)			
		ne number:			
attention in his/her study constant	· · · · · · · · · · · · · · · · · · ·		to pay more		
(Parent/ guardian's signature)					
(
		() (1 41 2112 844 22)		
1. Advisor/ Head of International	2. Head of Department /	(3) O Deputy Dean for Educational	5. Dean's comment		
B.Sc.'s comment	School of's	Innovation and Salaya's comment			
	comment	O Deputy Dean for Education and			
		Student Affairs's comment			
O Approved	O Approved	O Approved	O Approved		
O Disapproved	O Disapproved	O Disapproved	O Disapproved		
Reason(s)	Reason(s)	Reason(s)	Reason(s)		
Signature)	Signature	Signature ()	Signature		
()	(O Deputy Dean for Educational	()		
Advisor/ Director of International	Head of Department/ School of	Innovation and Salaya	Dean of Faculty of Science		
B.Sc. Program		O Deputy Dean for Education and	Dean of Faculty of Science		
		Student Affairs			
Date//	Date//	Date//	Date//		