

Faculty/ College	
Reference No.	
Date	

Version 1.0 (September 2, 2024)

Resignation Request Form (Please complete the form correctly for consideration)

1. For Student		Requested Date / /			
Dear Vice President for Academi	ic Affairs, M	ahidol University			
My name is Mr./ Mrs./ Miss	••••			Student	ID No
Faculty/ College:					
☐ Entered by selection ex					
O Portfolio Admission				ission (COTMES	O Direct Admission
☐ Direct Admission by the				23.011 (20111123	o onece namission
Contact information: Mobile Num			Email:		
I wish to request my resignation					
☐ I intend to retake the entrance					
☐ Passed the entrance exam to t					
Other reasons (please specify)					
I certify that I have no outsta					
return the student ID card her			versity and annin	and the abo	ve information is true, r atso
Remark: I cannot return the stud		due to			
2. For Guardian					
My name is Mr./ Mrs./ Miss	•••••	, the gu	uardian of (Mr./ Mrs./	′ Miss)	
who is my (relation					
to the student's adherence to th					
University. If a scholarship is receive					
		3	p aa, a. aap.,	THE STATE OF THE S	acca contations.
		Guardian's signatu	re		Date://
3. For the Faculty/ College					
For acknowledge and consideration	l –		Comments		Comments of the Dean
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