

Office use only

Request no. .... / .....  
Received ..... / ..... / .....



### REQUEST FOR RE-ADMISSION (For RETIRED STUDENT)

**Document enclosed**  
 A copied student card/ Citizen ID card  
 Medical certificate  
 Others (please specify) .....

**This form is only for retired students who have been dismissed from Mahidol University for academic dismissal or academic withdrawal or administrative withdrawal**

Written at .....

Date: .....

Dear Dean of Faculty of Science

(via  Deputy Dean for Education  Deputy Dean for Educational Innovation and Salaya Campus  
 Assistant Dean for International Education  .....

I am (Mr./ Miss) ..... Student I.D.:

Faculty ..... Major ..... Year ..... Cumulative GPA .....

Admitted through  Direct Admission/ round .....  TCAS/ round .....  Transfer Admission

Mobile phone number: ..... E-mail: .....

wish to be re-admitted as a student in  1<sup>st</sup> semester  2<sup>nd</sup> semester of the academic year.....

I am dismissed from the program in  1<sup>st</sup> semester  2<sup>nd</sup> semester of the academic year.....for the following reason:

ACADEMIC DISMISSAL	ADMINISTRATIVE WITHDRAWAL
<input type="radio"/> Failure to maintain a minimum cumulative GPA of 2.00 <input type="radio"/> Failure to complete course after 3 attempts (4 attempts, in case of unforeseen circumstance) <input type="radio"/> Exceeding program completing time limits <input type="radio"/> Others (please specify)..... .....	<input type="radio"/> Non-enrolment from my study <input type="radio"/> Disciplinary reasons <input type="radio"/> Behavioural misconduct <input type="radio"/> Health <input type="radio"/> Others (please specify) ..... .....

**I confirm that the information given in this request form is true and accurate.**

..... (Student's signature)

(.....) (Student name)

Date ...../...../.....

Parents'/ Guardians' consent
I (Mr./ Mrs./ Miss) ..... am the Parent or Guardian of (Mr./ Miss) ..... Relationship to student: ..... Mobile phone number: ..... I hereby certify that I do take care of (Mr./ Miss) ..... to pay more attention in his/her study constantly. .....(Parent/ guardian's signature) (.....) (Parent/ guardian)

1. Advisor/ Head of International B.Sc. Program in ..... 's comment	2. Head of Department / School of ..... 's comment	(3) <input type="radio"/> Deputy Dean for Educational Innovation and Salaya Campus <input type="radio"/> Assistant Dean for International Education	5. Dean's comment
<input type="radio"/> Approved <input type="radio"/> Disapproved Reason(s)..... Signature ..... (.....) Advisor/ Director of International B.Sc. Program in ..... Date ...../...../.....	<input type="radio"/> Approved <input type="radio"/> Disapproved Reason(s) ..... Signature ..... (.....) Head of Department/ School of ..... Date ...../...../.....	<input type="radio"/> Approved <input type="radio"/> Disapproved Reason(s)..... Signature ..... (.....) <input type="radio"/> Deputy Dean for Educational Innovation and Salaya Campus <input type="radio"/> Assistant Dean for International Education Date ...../...../.....	<input type="radio"/> Approved <input type="radio"/> Disapproved Reason(s)..... Signature..... (.....) Dean of Faculty of Science Date ...../...../.....