

Office use only

Request no. / /
Received / /



Mahidol University
Faculty of Science
International Program

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

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

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

Written at

Date:

Dear Dean of Faculty of Science,

(via Deputy Dean for Education Deputy Dean for Corporate Communication and International Relations
 Assistant Dean for International Partnerships and Information Management

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 1st semester 2nd semester of the academic year.....

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

ACADEMIC DISMISSAL	ADMINISTRATIVE WITHDRAWAL	DISCIPLINARY DISMISSAL
<input type="checkbox"/> Failure to maintain a minimum cumulative GPA of 2.00 <input type="checkbox"/> Failure to complete course after 3 attempts (4 attempts, in case of unforeseen circumstance) <input type="checkbox"/> Exceeding program completing time limits <input type="checkbox"/> Others (please specify).....	<input type="checkbox"/> Failure to register for courses <input type="checkbox"/> Failure to pay tuition fees on time <input type="checkbox"/> Incomplete or late submission of required documents <input type="checkbox"/> Visa/ immigration issues <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Examination cheating <input type="checkbox"/> Violence or threats <input type="checkbox"/> Harassment/ bullying/ sexual misconduct <input type="checkbox"/> Substance abuse/ illegal activities on campus <input type="checkbox"/> Repeated minor misconduct <input type="checkbox"/> 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 name)

1. Advisor/ Head of International B.Sc. Program in 's comment <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Reason(s)..... Signature (.....) Academic advisor/ Director of International B.Sc. Program in Date/...../.....	2. Head of Department / School of 's comment <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Reason(s) Signature (.....) Head of Department/ School of Date/...../.....	(3) <input type="checkbox"/> Deputy Dean for Corporate Communication and International Relations <input type="checkbox"/> Assistant Dean for International Partnerships and Information Management <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Reason(s)..... Signature (.....) <input type="checkbox"/> Deputy Dean for Corporate Communication and International Relations <input type="checkbox"/> Assistant Dean for International Partnerships and Information Management Date/...../.....	5. Dean's comment <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Reason(s)..... Signature..... (Assoc. Prof. Prasit Suwannaler, Ph.D.) Dean of Faculty of Science Date/...../.....
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