

Office use only

Request no. / /
 Received / /



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

**REQUEST FOR
 SUSPENSION OF STUDY/ MAINTAINING STUDENT STATUS**

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:.....

would like to request for suspension of study in 1st semester 2nd semester/ academic year.....

SUSPENSION OF STUDY	MAINTAINING STUDENT STATUS
<input type="checkbox"/> 1 st semester <input type="checkbox"/> 2 nd semester/ academic year.....	<input type="checkbox"/> 1 st semester <input type="checkbox"/> 2 nd semester/ academic year
for the following reason:	for the following reason:
<input type="radio"/> Illness (<i>please enclose a medical certificate</i>) <input type="radio"/> Receive a scholarship for Student Exchange Program (<i>please specify</i>) <input type="radio"/> Attend a military draft (<i>please enclose a military notice/ใบปลิว.35</i>) <input type="radio"/> Personal reason <input type="radio"/> Others (<i>please specify</i>)	<input type="radio"/> Disciplinary suspension from university <input type="checkbox"/> 1 st semester <input type="checkbox"/> 2 nd semester/ Academic year..... <input type="radio"/> All required courses have been completed, but still have not met the following requirements: <input type="checkbox"/> The English Proficiency requirement has not been satisfied. <input type="checkbox"/> The senior project/ senior project writing has not been completed. <input type="checkbox"/> Others (<i>please specify</i>)
Student has enrolled courses in the suspended semester. <input type="radio"/> Yes <input type="radio"/> No	

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

..... (Student's signature)

..... (Student name)

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

Remark: If the above information is false or incomplete or without good cause, the student is not allowed to suspend the study and maintain student status.

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 ins 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/...../.....