



Faculty/ College
Reference No.
Date

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

1. For Student

Requested Date / /

Dear Vice President for Education, Mahidol University

My name is Mr./ Mrs./ Miss Student ID No.

Faculty/ College: Program: Student Year:

Entered by selection examination system: TCAS (please specify)

Portfolio Admission Quota Admission Join Admission Join Admission (COTMES) Direct Admission

Direct Admission by the Faculty/ College

Contact information: Mobile Number Email:

I wish to request my resignation from being a student at Mahidol University for this following reason (please specify):

I intend to retake the entrance exam to study in the Faculty/ Major of

Passed the entrance exam to the Faculty/ Major of

Other reasons (please specify)

I certify that I have no outstanding tuition fees with the university and affirm that the above information is true. I also return the student ID card herewith.

Remark: I cannot return the student ID card due to

Student's signature.....

2. For Guardian

My name is Mr./ Mrs./ Miss, the guardian of (Mr./ Mrs./ Miss), who is my (relationship). My mobile number is I acknowledge the resignation and consent to the student's adherence to the terms and conditions outlined in the contract or obligation previously established with Mahidol University. If a scholarship is received, I am willing to repay the scholarship and/or comply with all associated conditions.

Guardian's signature Date:/...../.....

3. For the Faculty/ College

Dear For acknowledge and consideration <input type="radio"/> Approved <input type="radio"/> Not approved because Signature (.....) Date/...../.....	Comments <input type="radio"/> Approved <input type="radio"/> Not approved because Signature (.....) Position Date/...../.....	Comments <input type="radio"/> Approved <input type="radio"/> Not approved because Signature (.....) Position Date/...../.....	Comments of the Dean <input type="radio"/> Approved <input type="radio"/> Not approved because Signature (.....) Position Date/...../.....
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4. For the University

Comments of Registration Officer, Academic Affairs Division The student's tuition fees have been verified, and consider to offer the following: <input type="radio"/> Approved the student's resignation from Mahidol University, and the Academic Affairs Division is authorized to record the resignation in the database, as there are no outstanding tuition fees. <input type="radio"/> Not approved due to the student having outstanding tuition fees. Recorder/Date..... Chief/Date.....	Comments of the Director for the Academic Affairs <input type="radio"/> Approved <input type="radio"/> Not approved because Signature (.....) Date/...../.....	Comments of the Vice President for Education <input type="radio"/> Approved <input type="radio"/> Not approved because Signature (.....) Date/...../.....
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Manuscript (Faculty/ College)

Copy for Faculty/ College