



Date..... MonthYear.....

Dear Director of Academic Support Center and Registration Bureau

I (Mr./Mrs./Ms.)

Student ID..... DepartmentFaculty.....

Program Regular Non-Regular Academic year.....would like to maintain student status in semester.....

request to maintain student status (residual student) in semester..... academic year.....

because.....

request to maintain student status (incomplete school record I) in semester..... academic year.....

because.....

Please attach a copy of receipt for maintaining student status

Please be informed accordingly

Sincerely yours,

Signature.....

Mobile phone/Tel.....

① Advisor / Head of Department	④ Academic Support Center and Registration Bureau Staff
..... Signature Advisor (.....) / / Signature Head of Department (.....) / /	<input type="checkbox"/> Approve to maintain student status <input type="checkbox"/> Disapprove Signature (.....) / /
② Dean	⑤ Head of Office of the Secretary / Head of Administration
<input type="checkbox"/> Approve to maintain student status <input type="checkbox"/> Disapprove Signature (.....) / /	<input type="checkbox"/> Documents are complete and accurate Signature / / <input type="checkbox"/> Subjects which student receive I <input type="checkbox"/> Operate.....Signature / / ..
③ Division of Finance Staff	Processing Office

Fees for maintaining student status 300 Baht
 Fees for maintaining student status (Graduate Student) 3,000 Baht
 Fees for maintaining student status ID 64 upward (Graduate Student) 5,000 Baht

 No debt in debt with the university Baht
Receipt book no..... No..... Amount.....Baht
Signature

