



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

Dear Director of Academic Support Center and Registration Bureau

I (Mr./Mrs./Ms.)

Student ID..... FacultyDepartment.....

Program Regular Non-Regular Academic year.....would like to

resign from being a student in semester..... academic year.....(student must not have dept with the university)

because.....

Please be informed accordingly

Sincerely yours,

Signature.....

Mobile phone/Tel.....

① Advisor / Head of Department	④ Division of Finance Staff
..... Signature Advisor (.....) / / Signature Head of Department (.....) / /	<input type="checkbox"/> No debt <input type="checkbox"/> Indebt with the university Baht Receipt book no..... No..... Amount.....Baht Signature (.....) / /
② Dean	⑤ Head of Academic Support Center and Registration Bureau
<input type="checkbox"/> Approve for execute resignation from being a student <input type="checkbox"/> Disapprove Signature (.....) / /	<input type="checkbox"/> Approve for execute resignation from being a student <input type="checkbox"/> Disapprove Signature (.....) / /
③ Center of Academic Resources and Information Technology Staff	⑥ Academic Support Center and Registration Bureau Staff
<input type="checkbox"/> Remain returning book <input type="checkbox"/> Not remain returning book <input type="checkbox"/> other Signature (.....) / /	<input type="checkbox"/> Documents are complete and accurate Signature / / <input type="checkbox"/> Execute Status Record Signature / /

