

	DateYearYear
Dear Director of Academic Support Center a	nd Registration Bureau
I (Mr./Mrs./Ms.)	
Student ID Faculty	Department
Program O Regular O Non-Regular Academic yearwould like to	
	hdrawn a name from being a student due to not register for in semester academic year
[] request for returning to study and register in semester academic yearbecause	
[] Intermission Leave in semester academic year	
[] Suspended from study in semester academic year	
[] Maintain incomplete academic record I in semester academic year	
[] Maintain student status (residual student) I semester academic year	
Please be informed accordingly Sincerely yours,	
	Signature
Mobile ph	one/Tel
widone pin	JIIC/ TCI
① Advisor	Division of Finance Staff
	[] Return to study Fee 300 Baht
G:	[] Reinstatement Fee 300 Baht
()/	[] Reinstatement Fee (Graduate) 5,000 Baht
	Receipt book no No AmountBath
	Signature / /
② Head of Department	Head of Academic Support Center and Registration Bureau
Signature	[] Approve to execute a reinstatement / return to study [] Disapprove Signature
3 Dean	Academic Support Center and Registration Bureau Staff

[] Documents are complete and accurate Signature
//
[] Name withdrawal ordinance from the student register ordinance no/ [] Approve an ordinance to re-enter as student ordinance no/
Signature / / / /