



Request for Resignation as Student

T. 96

Dear Dean _____

I (Mr. / Mrs. / Miss) _____ Student Code _____

a student of Undergraduate Graduate

Institute of _____ School of _____

under super vision of (Advisor’s name) _____ GPAX _____

wish to resign as student in Trimester _____ / _____ because (*Specify clearly*) _____

Thank you for your kind consideration.

Signature _____

(_____)

Date _____

N.B. For more information, please call _____ or E-mail _____

Guardian’s Consent (Undergraduate students Only)	Advisor’s Comments
<input type="checkbox"/> Approved Reasons _____ <input type="checkbox"/> Not approved Reasons _____ Signature _____ (_____) Date _____ Tel. No. _____	_____ _____ _____ Signature _____ (_____) Date _____

Chair of the School’s Comments(Graduate Studies Only)	Dean’s Decision
_____ _____ _____ Signature _____ (_____) Date _____	_____ _____ _____ Signature _____ (_____) Date _____

Student will be informed of the result on _____ **Date** _____

Receipt of Approval Letter (If student did not submit the request by himself/herself)

By student (*two weeks after submission*)

By post (*Clearly give the address*)

Name _____
Address _____ Street/Road _____ Subdistrict _____
District _____ Province _____ Postal Code _____

N.B. 1. After approval, officer will record the data and inform the student of the result
 2. Student with ID card contacts Finance and Accounting Division for a refund the damage deposit 8 weeks after the date of approval