GS.8

RESIGNATION REQUEST FORM

Graduate Level

Valaya Alongkorn Rajabhat University under the Royal Patronage, Pathum Thani Province

Date ..... Month ..... B.E. .....

Subject: Request to Resign as a Student

To: The President

I, (Mr./Mrs./Ms.) ..... Student ID No. .....
a student in the ○ Graduate Diploma Program ○ Master's Degree Program ○ Doctoral Degree Program
majoring in .....
Enrolled in Semester ..... Academic Year ..... Contact phone number .....
I wish to resign as a student, effective from Semester ....., Academic Year .....
Reason for resignation: .....

I therefore respectfully submit this request for your kind consideration.

Signature ..... Student
(.....)
Date: ..... / ..... / .....

Officer

Graduate School Officer	Advisor	Program Chair	Associate Dean of the Graduate School	Dean of the Graduate School
Signature	Signature	Signature	Signature	Signature .....

Verification Results

Academic Resource Center / Library	Finance Division	Office of Academic Promotion and Registration
Signature	Signature	Signature .....

Decision: ☐ Approved ☐ Not Approved, because .....

Signature ..... President
(.....)
Date: ..... / ..... / .....