

**[ICT Program]****Request to resign/cancel student status**

MUICT.RE- 05: 06-03-2024

Dear Dean of Faculty of Information and Communication Technology,I, (Miss / Mr.) _____ student ID

student of the Bachelor of Science Program in Information and Communication Technology, Mobile Phone _____

at present, have not received any scholarships from any funding sources received the following scholarship _____**I would like to** resign my student status give up my right to become a student of Faculty of ICT, Mahidol University because I would like to take an admission examination to study at the Faculty/in the field of _____
_____ at the (name of institution) _____ through the
admission round of _____ with the reason of _____ I have been accepted to study at the Faculty/in the field of _____ at the
(name of institution) _____ through the admission round of _____
with the reason of _____ I am not able to continue the study due to _____ I have other reasons (please specify) _____**I hereby certify that the information above is true.**

Signature _____ Date _____

Remark: In case that the information is unclear or false, the Faculty of ICT will not approve the student to give up his/her right and will inform the information to whom it may concern.**Guardian' Consent**I, (Mrs. / Miss / Mr.) _____, a guardian of (Miss/Mr.) _____ in
relation of her/his _____, telephone number _____ confirm the resignation/cancellation and consent to
allow the student to follow the conditions for terminating the contract that was made with the Faculty of ICT beforehand. In case of
having received scholarship, I shall reimburse the scholarship and/or follow all the scholarship conditions.

Signature _____ Date _____

Head of the Academic Administration Office	Assistant Dean for Academic Affairs	Dean of Faculty of Information and Communication Technology
<input type="checkbox"/> Approve <input type="checkbox"/> Not approve because _____ _____ Signature _____ (Miss Mayuret Yodkam) Date ___ / ___ / ___	<input type="checkbox"/> Approve <input type="checkbox"/> Not approve because _____ _____ Signature _____ (Asst.Prof.Dr. Thanapon Noraset) Date ___ / ___ / ___	<input type="checkbox"/> Approve <input type="checkbox"/> Not approve because _____ _____ Signature _____ (Dr. Pattanasak Mongkolwat) Date ___ / ___ / ___

