



**Request to resign/cancel student status**

ICT.RE- 05: 19-09-2019

**Dear** Dean of Faculty of Information and Communication Technology,

I, (Miss/Mr.) \_\_\_\_\_ student ID

National ID card number ---- student of the Bachelor of Science Program in Information and Communication Technology, (mobile) phone number \_\_\_\_\_ 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** \_\_\_\_\_

Deputy Dean for Academic Administration' Opinion	Dean of Faculty of Information and Communication Technology's opinion
<input type="checkbox"/> Approve <input type="checkbox"/> Not approve because _____ _____ Signature _____ (Dr. Pawitra Liamruk) Deputy Dean for Academic Administration Date _____/_____/_____	<input type="checkbox"/> Approve <input type="checkbox"/> Not approve because _____ _____ Signature _____ (Dr. Pattanasak Mongkolwat) Dean Date _____/_____/_____

