



Signature __

(Dr. Thanapon Noraset)

MUICT.RE- 04: 15-11-2022

	DateMor	nthYear
Dear Assistant Dean for Aca	ndemic Affairs,	
My name is (Ms./Mr.)	Student	tID 🔲 🔲 🔲 🔲 ,
	e Program in Information and Communication need to request to keep student's status for	
O not having passed the	e English Exit Exam	
O not having completed	the course	
O other reasons (please	e specify)	
	Signatu	ire
	()
Registrar Verification	Head of the Academic Administration Office	Assistant Dean for Academic Affairs
.No	Approve Not Approve	Approve Not Approve

(Miss Mayuret Yodkam)

____/ _____/



Fee Payment______Baht

Signature ____

Date____/ ____/

Signature _

Date