



Office of Academic, Chulabhorn Graduate Institute

Request Form for Student Resignation

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| Office of Academic |
| Receipt No..... |
| Date Receipt..... |
| Time..... |
| Receiver..... |

Semester..... Academic year

1 To Chairperson, Program Management Committee

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|--|--|--|--|--|--|--|--|--|--|
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Student Name Mr./Miss/Mrs.....

Student ID

Program of study..... E-mail

Cumulative grade point average Student status Normal Probation No.....

request for student resignation from Semester Academic Year

Reason for request (and attach the evidence (if any))

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.....

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Signature
...../...../.....

2 Advisor's comment

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Signature
(.....)
...../...../.....

3 Chairperson of the Program Management Committee's approval

Approved Not Approved

Signature
(.....)
...../...../.....

4 The Office of the Registrar

Request not processed because

Request Processed

Signature
(.....)
...../...../.....