R09

Academic Support Division

Date of Receipt.....

Time of Receipt.....

Received by.....

Chulabhorn Graduate Institute

Request for Student Resignation

Semester..... Academic year.....

Student ID

(1) Student Name: Mr./Ms./Mrs.....

Program of Study..... ☐ Master ☐ Doctoral

Cumulative grade point average.....Email.....

request for student resignation from Semester.....Academic Year.....

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

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Signature.....

...../...../.....

(2) Advisor's comment

.....

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Signature.....

(.....)

...../...../.....

(3) Program Director's approval

☐ Approved

☐ Not Approved.....

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Signature.....

(.....)

...../...../.....

(4) Institute Registrar's comment

☐ Request processed

☐ Request not processed because.....

.....

Signature.....

(.....)

...../...../.....