



Chulabhorn Graduate Institute
Request for Student Resignation

Academic Support Division

Receipt No.....

Date Receipt.....

Time.....

Receiver.....

Semester..... Academic year

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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 leave of absence for semester(s) from Semester Academic Year to Semester Academic Year

Reason for request

The evidence is attached herewith

☐ Medical certification from the hospital/clinic Date☐ Other documents (if any)

When the leave of absence period is over, I will register for further studies in the next semester.

Signature

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

② Advisor's comment

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Signature

(.....)

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

③ Program Director's approval

☐ Approved ☐ Not Approved

Signature

(.....)

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

④ Institute Registrar's comment

☐ Request not processed because☐ Request Processed

Signature

(.....)

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