

AS-3-09 VOLUNTARILY WITHDRAW/ VOLUNTARILY SUSPEND STUDY
Academic Services Section, Faculty of Graduate Studies, Mahidol University

I am Mr. / Mrs./ Miss/ Rank.....

Student ID /

Student Category General Special International

Degree Graduate Diploma Master's degree Higher Graduate Diploma Doctorate degree

Field of study.....

Fac/Int/College.....

Scholarship (please specify).....

e-mail..... Tel.

I am submitting this form for consideration to

Voluntarily suspend study in semester..... academic year.....

(Please specify your reason and attach the evidence to this form-if any)

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Voluntarily withdraw on date.....in semester.....academic year.....

(Please specify your reason and attach the evidence-if any/ student ID card must be enclosed with this form also)

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Signature.....Date.....

Comment of the Program Director

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Signature.....Date.....

Comment of the Academic Services Section Officer

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Signature.....Date.....

The Consideration of the Dean

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Signature.....Date.....

Note. Students will receive the result of this consideration 5 working days after submitting this form. Please specify where you will receive the result :

- Academic Services Section, Salaya
- Branch office.....