



Resignation Application From Office of the Registrar King Mongkut's Institute of Technology Ladkrabang

Date.....

Student ID

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To: Director of the Office of Registrar

I am ☐ Mr. ☐ Ms. First Name.....Surname.....

A student of the faculty.....Department.....

Program.....Class Level.....

There are reasons to request resignation. (You can select more than one case.)

- | | |
|---|---|
| <input type="checkbox"/> Continue to study at the former university. | <input type="checkbox"/> Continue to study at another university. |
| <input type="checkbox"/> Do not good in the field of study. | <input type="checkbox"/> Does not wish to continue to study. |
| <input type="checkbox"/> Health problems | <input type="checkbox"/> Economic problems/ Family problems |
| <input type="checkbox"/> Other (please specify)..... | |
| <input type="checkbox"/> Allow the staff to contact you later for more information. | |

..... (Signature)

(.....)

Student

Date

1. Parental Consent

I am ☐ Mr. ☐ Ms. ☐ Mrs. First Name.....Surname.....

Related to a student as: ☐ Father ☐ Mother ☐ Other (In case the guardian is not the parents) Related to a student asand as a parent who is the same person in form for matriculation and educational personal records (KMITL No.1) received wishes and reasons as mentioned above, therefore consent to resign from being a student of the institution. I **have** attached a copy of my citizen ID card and a certified true copy as evidence.

..... (Signature)

(.....)

Guardian

Date.....

Address (Applicant)

House No.....Village No.....Lane.....Road.....

Sub-District.....District.....Province.....

Postal Code.....Telephone.....

Address (Guardian)

House No..... Village No.....Lane..... Road.....

Sub-District..... District..... Province.....

Postal Code..... Telephone.....

2. Memorandum of opinions of relevant persons and departments of the institute.

2.1 Librarian of KMITL Central Library

☐ No debt with KMITL Central Library

Consider

.....

(Sign).....

(.....)

Date

2.2 Head of Department

☐ No debt

Consider.....

.....

(Sign).....

(.....)

Date.....

2.3 Officer of Faculty Registration Department

Consider.....

.....

(Sign).....

(.....)

Date.....

3. Office of the Registrar

The Registration Section has already checked the student's information.

☐ Approved

.....

☐ Disapproved (Specify).....

.....

(Sign).....

(Officer of Registration Section)

Date.....

☐ Approved ☐ Disapproved

.....

(Asst.Prof.Dr.Pakorn Watanachaturaporn)

Director of the Office of Registrar

Date.....