



SURATTHANI RAJABHAT UNIVERSITY

Request form for Resignation

Date.....Month.....Year.....

TO Director of the office of academic promotion and registration

Name Mr. Mrs Miss Title (If any).....

Student ID.....Group.....Sub-group.....

Field of Study..... Faculty of.....

Course 4-year(Credits Awarded) 4-year 5-year Other.....

Program Regular Program Special Program Other.....

Campus Suratthani Koh Samui

Reason(s) for Resignation.....

This resignation is effective immediately as I have no outstanding debt

Please approve as requested

Signature..... Student/Representative

(.....)

1. Advisor	2. Library	3. Division of Student Development	4. Office of Property Management	5. Division of Financial
..... Signature..... (.....)/...../.....	<input type="radio"/> have not met obligations <input type="radio"/> met all the obligations Signature..... (.....)/...../.....	<input type="radio"/> have not met obligations <input type="radio"/> Student loan <input type="radio"/> Other..... Signature..... (.....)/...../.....	<input type="radio"/> have not met obligations <input type="radio"/> met all the obligations Signature..... (.....)/...../.....	<input type="radio"/> have no outstanding debts <input type="radio"/> have outstanding debt of Signature..... (.....)/...../.....

Head of the Program	Director of the office of academic promotion and registration	The Process of Registration Office
..... Signature..... (.....)/...../..... Signature..... (.....)/...../.....	<input type="radio"/> Updated in the system Completely Registration Office Signature..... (.....)/...../.....