



# SHINAWATRA UNIVERSITY

## Resignation Form

Form: RE015  
Revision: 02  
Date: 22/06/2004

Ref:...../.....

Semester: \_\_\_\_/\_\_\_\_

Name: (Mr. / Mrs. / Ms.) \_\_\_\_\_ ID: \_\_\_\_\_  
(IN BLOCK LETTERS)

Program:     Undergraduate (Please specify) \_\_\_\_\_  
                Graduate (Please specify) \_\_\_\_\_  
                Other (Please specify) \_\_\_\_\_

Tel : \_\_\_\_\_ Fax : \_\_\_\_\_ Email : \_\_\_\_\_

I would like to resign because (Please specify reason) : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**1 For Parental Comment  
Permission (Undergraduate Only)**

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**4 For Program Director/ Chairperson's Comment**

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**2 For Scholarship Committee Comment  
(scholarship's students only)**

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**5 For Dean's Approval**

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**3 For Advisor's Comment**

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**6 For RE-Div**

Received Date \_\_\_\_\_

Proceeded Date \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Debt Inspection**

**7 For Office of Student Affairs  
(Undergraduates Only)**

No Debt  
 Debt (Amount.....Baht)

Please specify \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**8 For the Office of Library and Information Services**

No Debt  
 Debt (Amount.....Baht)

Please specify \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**9 For Finance Division**

(1) Damage Insurance Fee ..... Baht  
 (2) From **7** ..... Baht  
 (3) From **8** ..... Baht

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**Total Refund (1) – (2) – (3)** ..... **Baht**

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**To SVP**

For your approval.  **Approved**     **Not Approved**

\_\_\_\_\_

( \_\_\_\_\_ )

**MGR-FN**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

( \_\_\_\_\_ )

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**\* To.....**

Please process accordingly.

\_\_\_\_\_

( \_\_\_\_\_ )

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Inform student  
 .....

\_\_\_\_\_

( \_\_\_\_\_ )

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Instructions:**

- Complete the application form
- Take the permission form to your parents (undergraduates only)
- Get comments from your advisor, program director or chairperson and approval from the dean
- If you cannot come and collect the refund cheque yourself, an authorization form and a copy of your ID or passport and a copy of the ID or passport of authorized person are required to be submitted together with the Resignation Form
- Submit to the Division of Registration and Education Services (RE) and RE will coordinate with the other related divisions for debt inspection (if any)
- The result of consideration will be mailed direct to student's contact address
- Please bring the above letter with you to receive a refund of the damage insurance fee at the Office of Finance and Account within 30 days of receiving the consideration letter