Request for student status reinstatement　　　　GS.18

For Graduate Students, Khon Kaen University

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

Dear   Dean of Graduate School (and Director of Bureau of Academic Administration and Development)

I, (Mr./Mrs./Ms.)...was a student in

☐ Graduate Diploma ☐ Higher Graduate Diploma ☐ Master's degree Plan/Type.............................

☐ Doctoral degree Type.................Name of Degree...........................Program..

Student ID................................Type of Program study ☐ Regular ☐ Special ☐ International ☐ English

1. I would like to request for student status reinstatement in ☐ First semester ☐ Second semester ☐ Special semester Academic Year...................

2. I have the qualifications to request for student status reinstatement as follows;

2.1 ☐ I resigned from the study and it is approved on

Date...............Month...........................Year............................or,

☐ I was ordered to resign by the university because I broke the university regulations since Date...

2.2 Before my resignation, my GPA. Is not lower than 3.00. My GPA is............................

2.3 I make a request for student status reinstatement at least 3 weeks before the beginning semester date.
　　The beginning of the semester is...

2.4 The duration of study remains.........years, ...semesters

The number of evaluated courses ....The number of evaluated credits ....

The number of remaining credits has not been evaluated..........................

2.6 I will pay for the student status reinstatement fee according to the Khon Kaen University registration regulations.

3. I certify that I am qualified to request for student status reinstatement.

Please be considered and approved this request. My contact number ....

Sign..

(...)

1.Advisor	2. Program Committee	3. คณบดี (คณะที่นักศึกษาสังกัด)
☐ Approve ☐ Not approve because..	☐ Approve ☐ Not approve because	☐ Approve ☐ Other comments.. ....
sign.. (..................................) Advisor Date............/...................../..............	sign.. (..................................) Chairperson of program Date ..../................./..........	sign .... (.....................................) Dean Date ..../............./................
4. Admission Department of Bureau of Academic Administration and Development	**5. Director of Bureau of Academic Administration and Develohment**	**6. Dean of Graduate School**
☐　Before resignation, Student's GPA	☐ Approve เห็นควรอนุมัติ ☐	☐　　Approve

is……….
☐ Student status was terminated because
  ☐ Student resigned from the study.
  ☐ Student broke the university's registration regulations
    sign …………………………………
    (……………………………………)
         Inspector
    Date…………/……………/……………
	Other comments ………………………………
	…………………………………………………
	………………
	    sign …………………………………
	    (……………………………………)
	         Director
	    Date………/…………/…………
		☐ Not approve because……………………………………
		…………………………………………………
		    sign …………………………………
		    (……………………………………)
		    Dean of Graduate School
		    Date………/……………/……………

7. General Administration Department, Bureau of Academic Administration and Development

The student has paid the student status reinstatement fee. Receipt book…………No……………total……………Baht payee…………………………Date………/…………/…………