



Office use only

Request no. .... / .....  
 Officer .....  
 Date ..... / ..... / .....

### SUSPENSION OF STUDIES/ RE-ADMISSION REQUEST FORM

**Document enclosed**  
 A copied student card/ Citizen ID card  
 Medical certificate  
 Others (please specify) .....

Written at .....

Date: .....

**Dear Dean of Faculty of Science (via Deputy Dean for Education & Student Development)**

I am (Mr./ Miss/ Mrs.) ..... (In elaborate handwriting) Student I.D.:   
 Faculty ..... Major .....  Regular program  International Program Year .....  
 Admitted through  Direct Admission  TCAS ..... (Please specify which admission round admitted)  
 Others (please specify) ..... Cumulative GPA .....

Contact information: .....  
 Mobile phone number: ..... E-mail: .....

**would like to request for your approval to**

- suspend my studies** on the  1<sup>st</sup> semester  2<sup>nd</sup> semester/ Academic Year..... for the following reason:
  - Illness (please specify) .....  
 Medical Certificate issued at ..... No. of Medical Certificate.....  
 Date of examination: ...../...../..... Examining Physician Name:.....  
 Mobile phone no.: .....
  - receive a scholarship for Student Exchange Program (please specify)
  - attend a military draft (please enclose a military notice/ ใบ สค 35)
  - others (please specify) .....

**re-admit me as a MUSC student starting** on the  1<sup>st</sup> semester  2<sup>nd</sup> semester/ Academic Year.....  
 because I have suspended my studies on the  1<sup>st</sup> semester  2<sup>nd</sup> semester/ Academic Year.....  
 (If student has suspended the studies due to illness, please enclose a medical certificate to verify whether student is ready to begin studying again)

**I confirm that the information given in this request form is true and accurate.**

..... (Requester's signature)  
 (.....) (Requester)  
 Date ...../...../.....

**Remark:** If the above information is false or incomplete or without good cause, the student is not allowed to suspend the studies/ re-admit to the MUSC.

Parents'/ Guardians' consent
I (Mr./ Mrs./ Miss) ..... am the Parent or Guardian of (Mr./ Miss) ..... Relationship to student: ..... Mobile phone number: ..... I hereby certify that I do take care of (Mr./ Miss) ..... to pay more attention in his/her study constantly. .....(Parent/ guardian's signature) (.....) (Parent/ guardian)

1. Advisor/ Head of International B.Sc.'s comment	2. Head of Department / School of.....	4. Deputy Dean for Education & Student Development 's comment	5. Dean's comment
<input type="radio"/> Approved <input type="radio"/> Denied Reason(s)..... ..... Signature ..... (.....) Advisor/ Director of International B.Sc. Program Date ...../...../.....	<input type="radio"/> Approved <input type="radio"/> Denied Reason(s) ..... ..... Signature ..... (.....) Head of Department/ School of ..... Date ...../...../.....	<input type="radio"/> Approved <input type="radio"/> Denied Reason(s) ..... ..... Signature ..... (.....) Deputy Dean for Education & Student Development Date ...../...../.....	<input type="radio"/> Approved <input type="radio"/> Denied Reason(s) ..... ..... Signature..... (.....) Dean of Faculty of Science Date ...../...../.....