



Office use only

Request no. /
 Officer
 Date / /

SUSPENSION OF STUDIES/ RE-ENROLLMENT 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 ☐ 1st semester ☐ 2nd 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 สด 35)
☐ others (please specify)

☐ **re-enrollment me as a MUSC student starting** on the ☐ 1st semester ☐ 2nd semester/ Academic Year.....

because I have suspended my studies on the ☐ 1st semester ☐ 2nd 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-enrollment 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/ Director of the Program'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 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/...../.....