

Office use only

Request no.
 Received / /



REQUEST FORM FOR CLASS ABSENCE

Written at
 Date:

Subject: **Request for class absence**

Dear **Dean of Faculty of Science**,
 (via **Deputy Dean for Education** **Deputy Dean for Educational Innovation and Salaya Campus**
 Assistant Dean for International Education

No. of Enclosure(s) Medical Certificate issued at No. of Medical Certificate.....
 Others (please specify)

I, (Mr./ Miss)am an undergraduate student at Faculty of Science, Mahidol University.

Year:Major: Student I.D.

Academic advisor's name:

Student's contact information:
Mobile phone no.:
E-mail:

No. of credits enrolled for semester...../20.....=credits
 Cumulative GPA: Cumulative GPAs have not been reported

I would like to request your approval to take leave of absence from class(s) at International B.Sc. Program, Faculty of Science, Mahidol University as follows:

Course code	Instructor's name/ Course Coordinator's name	Date of leave	Course code	Instructor's name/ Course Coordinator's name	Date(s) of leave
SC	/...../.....		/...../.....
SC	/...../.....		/...../.....
SC	/...../.....		/...../.....
SC	/...../.....		/...../.....

Reason for class absence requested: Faculty/ University's business (please specify)
 (Student must submit a request for class absence to the SIM office at least 2 weeks)
 Illness (a Medical Certificated is required)
 Others (please specify)

..... (Student's signature)
 (.....)(Student)

PROCESS FLOW	
<p>(1) <input type="checkbox"/> Academic advisor/ <input type="checkbox"/> Director of the International B.Sc. Program in..... I, (Lect./Asst. Prof./Assoc. Prof./Prof.) am <input type="checkbox"/> an academic advisor / <input type="checkbox"/> a Director of the International B.Sc. Program. I confirm that the information given in this request form is true. <input type="checkbox"/> Academic advisor/ <input type="checkbox"/> Director of the International Program Date:/...../.....</p>	<p>(3) Dear SC_____’s Course Coordinator/ Instructor, For your perusal and actions (.....) <input type="radio"/> Deputy Dean for Education <input type="radio"/> Deputy Dean for Educational Innovation and Salaya Campus <input type="radio"/> Assistant Dean for International Education <input type="radio"/> Date/...../.....</p>
<p>(2) (Officer) Request form reviewed and checked by the officer <input type="checkbox"/> Document(s) enclosed <input type="checkbox"/> No document(s) enclosed <input type="checkbox"/> Student's request submission before leaving <input type="checkbox"/> Others (please specify)</p>	<p>(4) Dear <input type="radio"/> Deputy Dean for Education <input type="radio"/> Deputy Dean for Educational Innovation & Salaya Campus <input type="radio"/> Assistant Dean for International Education <input type="radio"/> <input type="checkbox"/> Allows the student to take a leave of absence from class during the specified period. <input type="checkbox"/> Do not allow the student to take a leave of absence from class during the specified period. <input type="checkbox"/> Others (please specify)</p>
<p>In case of MUSC student requesting for a leave of absence from other faculty's classes/ institutions, the officer must make a notification with document enclosure(s) to Course Coordinator/ Instructor.</p>	<p>..... (.....) Course coordinator/ Instructor Date/...../.....</p>