



Office use only

Received .../.../...

## REQUEST FORM FOR EXAMINATION RESCHEDULING

Written at .....

Date: .....

Subject: **Request for examination rescheduling**

No. of Enclosure(s) ..... ☐ Medical Certificate issued at ..... No. of Medical Certificate.....

☐ Others (please specify) .....

**Dear Dean of Faculty of Science,**

(via ☐ Deputy Dean for Education ☐ Deputy Dean for Corporate Communication and International Relations

☐ Assistant Dean for International Program ☐ .....

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:**

No. of credits enrolled for semester...../20.....= .....credits

Mobile phone no.: .....

Cumulative GPA: ..... ☐ The cumulative GPAs have not been reported.

E-mail: .....

Course information:

☐ Midterm exam ☐ Final exam ☐ First semester ☐ Second semester ☐ Summer session in the academic year.....

I require examination accommodation for the following:

Course code	Course title	Date of missed examination		Course code	Course title	Date of missed examination
		...../...../.....				...../...../.....
		...../...../.....				...../...../.....

**Reason for the rescheduled request:** .....

..... (Student's signature)

(.....) (Student)

Date ...../...../.....

### PROCESS FLOW

(1) ☐ Academic advisor/ ☐ Director of the International B.Sc. Program in .....  
I, (Lect./ Asst. Prof./ Assoc. Prof./ Prof.) .....  
confirm that the information given in this request form is true and accurate.

.....  
(.....)  
Date ...../...../.....

(2) **(For officer)** Request form reviewed and checked by the officer  
☐ Document(s) enclosed ☐ No document(s) enclosed  
☐ Request submitted before the examination  
☐ Request submitted no later than 3 working days after the examination  
☐ Request submitted more than 3 working days after the examination

.....  
(.....)  
Date ...../...../.....

(3) **Dear Head of Department/ School of** .....  
For your perusal and actions.

Please send the final decision on the request by no later than  
(date)...../...../.....

.....  
(.....)

☐ Deputy Dean for Education

☐ Deputy Dean for Corporate Communication and International Relations

☐ Assistant Dean for International Program ☐ .....

Date ...../...../.....

(4) **Dear** ☐ Deputy Dean for Education  
☐ Deputy Dean for Corporate Communication and International Relations  
☐ Assistant Dean for International Program  
☐ .....

☐ Absent from examination without good cause.

Thereby, the **examination score** is subject to a zero.

☐ Permit student to reschedule the examination by **30% penalty deductions of obtained scores**

☐ Permit student to reschedule the examination **without any penalty deductions**, according to approval of the following

Committee appointed by Department/School:

- .....
- .....
- .....

.....  
(Head of Department/ School of .....)

Date ...../...../.....

**Remark:** ☐ Exam to be rescheduled on ...../...../..... (date)  
at .....(time and place)

☐ Student must contact .....

(5) **(Officer/ Department/ School)**

The result of consideration is notified to student by phone or  
..... dated on ...../...../.....

Time .....

Signature .....