



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 Corporate Communication and International Relations
 Assistant Dean for International Programs

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:

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

Mobile phone no.:

Cumulative GPA: Cumulative GPAs have not been reported

E-mail:

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
SC	/...../.....

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

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 Certificate is required)
 Others (please specify)

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

PROCESS FLOW

(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:/...../.....	(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)
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In case of student requesting for a leave of absence from other faculty's classes/ institutions, the officer must make a letter with document enclosure(s) to Course Coordinator/ Instructor.

(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 Corporate Communication and International Relations <input type="radio"/> Assistant Dean for International Programs <input type="radio"/> Date/...../.....	(4) Dear <input type="radio"/> Deputy Dean for Education <input type="radio"/> Deputy Dean for Corporate Communication and International Relations <input type="radio"/> Assistant Dean for International Programs <input type="radio"/> <input type="checkbox"/> <u>Allows</u> the student to take a leave of absence from class during the specified period. <input type="checkbox"/> <u>Do not allow</u> the student to take a leave of absence from class during the specified period. <input type="checkbox"/> Others (please specify)
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.....
(.....)
Course coordinator/ Instructor
Date/...../.....