



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  
Cumulative GPA: .....  Cumulative GPAs have not been reported

Mobile phone no.: .....  
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/<br>Course<br>Coordinator's name | Date of leave     |
|-------------|--|-------------------|
| SC          |  | ...../...../..... |

| Course code | Instructor's<br>name/ Course<br>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

|  |   |
|--|---|
| <b>(1)</b> <input type="checkbox"/> Academic advisor/ <input type="checkbox"/> Director of the International B.Sc. Program in.....<br>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.<br>I confirm that the information given in this request form is true.<br>.....<br><input type="checkbox"/> Academic advisor/ <input type="checkbox"/> Director of the International Program<br>Date: ...../...../..... | <b>(2)</b> (Officer) Request form reviewed and checked by the officer<br><input type="checkbox"/> Document(s) enclosed <input type="checkbox"/> No document(s) enclosed<br><input type="checkbox"/> Student's request submission before leaving<br><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. |
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|--|--|
| <b>(3)</b> Dear SC_____'s Course Coordinator/ Instructor,<br>For your perusal and actions<br>.....<br><input type="radio"/> Deputy Dean for Education<br><input type="radio"/> Deputy Dean for Corporate Communication and International Relations<br><input type="radio"/> Assistant Dean for International Programs<br><input type="radio"/> .....<br>Date ...../...../..... | <b>(4)</b> Dear <input type="radio"/> Deputy Dean for Education<br><input type="radio"/> Deputy Dean for Corporate Communication and International Relations<br><input type="radio"/> Assistant Dean for International Programs<br><input type="radio"/> .....<br><input type="checkbox"/> <u>Allows</u> the student to take a leave of absence from class during the specified period.<br><input type="checkbox"/> <u>Do not allow</u> the student to take a leave of absence from class during the specified period.<br><input type="checkbox"/> Others (please specify) ..... |
|--|--|