



Office use only

Request no. .... / .....

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 Programs  .....

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 ...../...../.....

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

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:

1. ....  
2. ....  
3. ....

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

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

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

**(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 Programs  .....

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

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

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

Time .....

Signature .....