



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

(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/...../.....

(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:

-
-
-

.....
(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