



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 Partnerships and Information Management

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	/...../.....
SC	/...../.....
SC	/...../.....
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 Certificated is required)
- Others (please specify)

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

PROCESS FLOW

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

(3) Dear SC_____ 's Course Coordinator/ Instructor,
For your perusal and actions
.....
(.....)
 Deputy Dean for Education
 Deputy Dean for Corporate Communication and International Relations
 Assistant Dean for International Partnerships and Information Management

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

Academic advisor/ Director of the International Program
Date:/...../.....

(2) (Officer) Request form reviewed and checked by the officer
 Document(s) enclosed No document(s) enclosed
 Student's request submission before leaving
 Others (please specify)

(4) Dear Deputy Dean for Education
 Deputy Dean for Corporate Communication and International Relations
 Assistant Dean for International Partnerships and Information Management
 Allows the student to take a leave of absence from class during the specified period.
 Do not allow the student to take a leave of absence from class during the specified period.
 Others (please specify)

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.

.....
(.....)
Course coordinator/ Instructor
Date/...../.....