

Office use only

Request no. ....
Officer .....
Received ...../...../.....



## REQUEST FORM FOR CLASS ABSENCE

Written at .....  
Date: .....

Subject: **Request for class absence**

**Dear Dean of Faculty of Science,**  
(via  Deputy Dean for Educational Innovation and Salaya/  Deputy Dean for Education and Student Affairs)

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

- 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)

PROCESS FLOW	
<p><b>(1)</b> <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: ...../...../.....</p>	<p><b>(3)</b> Dear SC_____ 's Course Coordinator/ Instructor, For your perusal and actions  ..... (.....) <input type="radio"/> Deputy Dean for Educational Innovation and Salaya <input type="radio"/> Deputy Dean for Education and Student Affairs Date ...../...../.....</p>
<p><b>(2)</b> (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).....</p>	<p><b>(4)</b> Dear <input type="radio"/> Deputy Dean for Educational Innovation and Salaya <input type="radio"/> Deputy Dean for Education and Student Affairs  <input type="checkbox"/> <b>Allows</b> the student to take a leave of absence from class during the specified period. <input type="checkbox"/> <b>Do not allow</b> the student to take a leave of absence from class during the specified period. <input type="checkbox"/> Others (please specify) .....</p>
<p>In case of MUSC student requesting for a leave of absence from other faculty's classes/ institutions, the officer must make a notification with document enclosure(s) to Course Coordinator/ Instructor.</p>	<p style="text-align: right;">..... (.....) Course coordinator/ Instructor Date ...../...../.....</p>