



Request for Leave of Absence

Date ____/____/____

To: The Office of Academic Affair

I, Mr./Ms. _____, ID No. _____,
would like to request for leave of absence from the College for _____ day(s)
from _____ to _____.

Reason for the request: _____

_____.

Signature _____

(_____)

(Timeline for submission: Leave of absence requests should be submitted prior to the requested leave)

APPROVALS		
..... Instructor/Advisor Signature Date
Prof. Rathanawan Magaraphan Deputy Dean Signature Date
Prof. Suwabun Chirachanchai College Dean Signature Date
ACADEMIC'S OFFICE		
Entered into the general student record. Signature Date