



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 _____ . (July-December = first semester, January-June = second semester)

Reason for the request:

- Were drafted or mobilized into military service.
- To do research as part of a thesis abroad. (Which does not count in the study period Can be done in only one semester. The excess shall be counted in the student's study period.)
- Illness until being hospitalized for more than 3 consecutive weeks. (Must have a medical certificate from a medical facility approved by the Ministry of Public Health)
- Illness until he had to stay for more than 3 consecutive weeks as instructed by a doctor. (Must have a medical certificate from a medical facility approved by the Ministry of Public Health) (Also count the length of time that students take leave of study during the duration of their studies.)
- Receive international exchange scholarships or other scholarships which are not directly related to graduate studies of students. (Which does not count in the study period. Can be done for only one academic year The excess shall be counted in the student's study period.)
- There is a force majeure or event of necessity preventing you from studying in that semester. (Must have evidence to confirm the said incident.)
- Other _____

Signature _____
(_____)

1. The request must be made within the last day of the semester as stipulated in the academic calendar.
2. Approval of academic leave can be made for no more than 2 consecutive semesters, and if there is still a need to leave for further studies to submit a new request.
3. The academic leave period must not be extended for an approved student due to force majeure.
4. When approved by academic leave Students must pay a fee to maintain student status in every semester of their leave. Unless students have paid tuition fees in that semester.

APPROVALS		
..... Instructor/Advisor Signature Date
Prof. Pramoch Rangsunvigit College Dean Signature Date
Approved by Program Administrative Board Approved by College Executive Board (only take leave during the thesis) Signature Date