



## Request Form for Sick Leave or Personal Leave during Examination Period

Dear Dean,

I, ( Mr. / Mrs. /Miss ) \_\_\_\_\_ Student ID \_\_\_\_\_

Academic system ☐ Trimesster ☐ Semesster-International ☐ Trimesster-International

Level of Study ☐ Diploma ☐ Bachelor's ☐ Postgraduate Studies Majoring in \_\_\_\_\_

School of \_\_\_\_\_ would like to take a leave during the examination  
in the semester \_\_\_\_\_ academic year \_\_\_\_\_ which is ☐ the midterm exam ☐ the final exam in the following courses:

No.	Course Code	Course Title / Section	2 Lecturer's Comments		
			Please check Approved/Disapproved	Test Appointment time	Instructor's Signature (proper handwriting)
1.			<input type="checkbox"/> approved <input type="checkbox"/> disapproved		
2.			<input type="checkbox"/> approved <input type="checkbox"/> disapproved		
3.			<input type="checkbox"/> approved <input type="checkbox"/> disapproved		
4.			<input type="checkbox"/> approved <input type="checkbox"/> disapproved		
5.			<input type="checkbox"/> approved <input type="checkbox"/> disapproved		

from \_\_\_\_\_ to \_\_\_\_\_ total \_\_\_\_\_ days

reason for taking leave (please specify) \_\_\_\_\_

during that absent period, I can be contacted at House No. \_\_\_\_\_ Village No. \_\_\_\_\_ Sub-road \_\_\_\_\_

Road \_\_\_\_\_ Sub-district \_\_\_\_\_ District \_\_\_\_\_ Province \_\_\_\_\_ Tel. \_\_\_\_\_

Student's Signature \_\_\_\_\_

( \_\_\_\_\_ )

Date \_\_\_\_\_

### Remarks

1. Submit the request form to 1 Advisor 2 Lecturer 3 Dean/Head of Discipline/Program Chairperson to sign for approval.
2. When the student have done 1- 3 completely, please return the request form to the Center for Educational Services.
3. In case of the sick leave, please attach a **Medical Certificate** (a Medical Certificate must be given by the Physician from the government hospital or private hospital only)
4. If the student makes forgery signatures of an advisor or a lecturer, he/she will be punished for the violation of Student Discipline Regulation.
5. Please copy this Request Form for your reference.

1 Advisor's Comments	3 The decision of Dean / Head of Discipline / Chairperson of Postgraduate Studies Program Committee
<p>Signature _____</p> <p>( _____ )</p> <p>Date _____</p>	<p><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved, reason _____</p> <p>Signature _____</p> <p>( _____ )</p> <p>Date _____</p>
4 Dear Lecturer	5 Educational Services Officer
<p>For your information and further action on making a compensatory exam appointment date</p> <p>Signature _____</p> <p>( _____ )</p> <p>Director, The Center for Educational Services</p> <p>Date _____</p>	<p>Submit the copy to the lecturer via the e-office system on the date _____</p> <p>Signature _____</p> <p>( _____ )</p> <p>Date _____</p>