

Request Form for Sick Leave/ Personal Leave

I, (Mr. / Mrs. / Miss) Student ID Semesster-International Trimesster-International	
Level of study \square Diploma \square Bachelor's Degree \square Postgraduate studies Majoring in	
School ofwould like to take a leave during th	e study period in the
semester academic year for the following subjects:	
No. Course Code Course Title / Section Lecturer's Comments (Write the name properly after a checked box)	boratory Officer's Comments
	e-up class Date make-up class
from to	_ total days
Reason for taking a leave (please specify)	
During the leave, I can be contacted at House No Village No Su Road Sub-district District Pro	0.vinco
Tel. no	Ovince
Student's Signature	
)
Date	
Remarks 1. Submit the request form to 1 Advisor 2 Lecturer 3 Laboratory Officer to sign and the request form to 1 Advisor 3 Laboratory Officer to sign and the request form to 1 Advisor 2 Lecturer 3 Laboratory Officer to sign and the request form to 1 Advisor 2 Lecturer 3 Laboratory Officer to sign and the request form to 1 Advisor 3 Laboratory Officer to sign and the request form to 1 Advisor 2 Lecturer 3 Laboratory Officer to sign and the request form to 1 Advisor 2 Lecturer 3 Laboratory Officer to sign and the request form to 1 Advisor 3 Laboratory Officer to sign and the request form to 1 Advisor 2 Lecturer 3 Laboratory Officer to sign and the request form to 1 Advisor 2 Lecturer 3 Laboratory Officer to sign and the request form to 1 Advisor 2 Lecturer 3 Laboratory Officer to sign and the request form to 1 Advisor 2 Lecturer 3 Laboratory Officer to sign and the request form the request form to 3 Laboratory Officer to sign and the request form the request form the request form to 3 Laboratory Officer to sign and the request form the request	for approval.
2. When the student have done $oldsymbol{0}$ - $oldsymbol{3}$ completely, please return the request form to the C	Center for Educational Services.
3. In case of the sick leave, please attach a Medical Certificate (a Medical Certificate r	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 pu	unished for the violation of
Student Discipline Regulation.	
5. Please copy this Request Form for your reference.	
Advisor's comment Educationa	al Services Officer

Date _____

Form effective since 25 September 2017

Date _____