



Leave of Absence Request Form

Dhurakij Pundit University

Date.....Month.....Year.....

Subject: Request for Leave of Absence

To: Vice President of Academic Affairs

Name(Mr/Mrs/Miss).....Student ID number

Level of Education Undergraduate Postgraduate

Class Session Regular class Evening class

Faculty..... Program.....

Contact Telephone Number

I Would like to take leave of absence in the semesterAcademic Year

Reason for leave of absence:.....
.....
.....
.....

For your kind consideration

Sign.....Student Date.....

Please process the request according to the steps below and return the request to the Office of Registrar

<p>1. Office of Registrar</p> <p>Verified that the student has <input type="checkbox"/> Registered <input type="checkbox"/> Unregistered</p> <p>Leave of Absence <input type="checkbox"/> First semester.....Year..... <input type="checkbox"/> Second Semester.....Year..... <input type="checkbox"/> Summer Semester.....Year.....</p> <p>Sign..... Date.....</p>	<p>2. Office Finance and Investment</p> <p>Finance and Investment officer received the fees With total amount of..... Baht According to the receipt book no. Order no.</p> <p>Sign..... Date.....</p>
<p>3. Vice President of Academic Affairs</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p>Sign.....Vice President of Academic Affairs or representative Date.....</p>	