

Leave of Absence Request Form

Da	ateYear
Do	cument for consideration
Level of Education Undergraduate Postgra FacultyMajor I would like to leave of absence in the semester Reason for leave of absence: For your kind consideration Signstuc	Telephone Number Academic Year
	elow and return the request to the Office of Register 2. Dean's Comment
 Advisor's Comment Office of Registrar 	4. Vice President of Academic Affairs/
Verified that the student has	
□ Registered □ Unregistered	
□ Registered □ Unregistered Leave of Absence	□ Approved □ Not Approved
	□ Approved □ Not Approved
Leave of Absence	
Leave of Absence Academic Year Sign Staff of Registrar	☐ Approved ☐ Not Approved Sign
Leave of Absence Academic Year Semester SignStaff of Registrar Date/	☐ Approved ☐ Not Approved Sign
Leave of Absence Academic Year Semester SignStaff of Registrar Date/ 5. Office Finance and Investment	Approved Not Approved Sign Date///
Leave of Absence Academic Year Semester Sign Staff of Registrar Date/ 5. Office Finance and Investment Finance and Investment officer received the fees with	Approved Not Approved Sign Date//
Leave of Absence Academic Year Semester SignStaff of Registrar Date/ 5. Office Finance and Investment	Approved Not Approved Sign Date// h total amount ofBaht Order no