



Date _____ Month _____ Year _____

Dear Dean of Faculty of Information and Communication Technology,

My name is (Ms./Mr.) _____ Student ID ,

a student of the Bachelor of Science Program in Information and Communication Technology, year of study _____,

Mobile Phone _____ would like to request the following:

Leave Request : I would like to request leave from studying from semester _____ academic year _____

due to

- being conscripted into or called for military service
- receiving student exchange scholarship or attending a program of which the university endorsed
- being sick and treated; having a medical certificate from a hospital _____
- inevitable or urgent event or situation (please specify) _____

Cancellation of Leave Request : I would like return to study for semester _____ academic year _____

from taking leave from studying for semester _____ academic year _____

Signature _____

(_____)

Guardian's Consent

I, (Mrs./Miss/Mr.) _____ a guardian of

(Miss/Mr.) _____ consent to this request.

Signature _____

(_____)

Head of the Academic Administration Office	Assistant Dean for Academic Affairs	Dean of Faculty of Information and Communication Technology
<input type="checkbox"/> Approve <input type="checkbox"/> Not approve because _____ Signature _____ (Miss Mayuret Yodkam) Date ____ / ____ / ____	<input type="checkbox"/> Approve <input type="checkbox"/> Not approve because _____ Signature _____ (Dr. Thanapon Noraset) Date ____ / ____ / ____	<input type="checkbox"/> Approve <input type="checkbox"/> Not approve because _____ Signature _____ (Dr. Pattanasak Mongkolwat) Date ____ / ____ / ____

