



Attachment

- Copied of Student card / ID Card
- Medical certificate
- Other.....

Request no. /

Officer.....

Date.....

Leave of Absence / Reenrollment Request Form

(Please fully complete the form.)

Incomplete form and accompanying documents will be returned without processing)

Written at..... Faculty of Science, Mahidol University

Date.....

Dear Dean of Faculty of Science

I, (Mr./Miss) Student I.D.....

Faculty Science Major..... Year..... Cumulative GPA.....

Admitted through Central University Admission System (CUAS) Direct Admission TCAS round..... Other.....

Home address..... Mobile phone number.....

Would like to request;

- A temporary leave for** First semester Second semester Academic year..... due to
 - Health condition (please specify)

Medical certificate from (hospital)..... Certificate no. Dated on.....

Hospital telephone number..... Doctor's name.....
 - Studying / internship abroad (please specify)..... University/institute.....

(please attach the letter of acceptance) Between date.....
 - Military service (Please attach military documentation)
 - Other (please specify)

- Reenrollment** in First semester Second semester Academic year.....

Which I have been granted a leave of absence for First semester Second semester Academic year.....

(In the case leaving due to "health condition", please attach a medical certificate(s) state that the health condition allows the student to reenroll")

I confirm that the information given in this request form is true and accurate.

Student's signature..... Date.....

Note : If information given above is false or inappropriate reason, the request will invalid and will not proceed.

Consent of Parents / Guardian

I (Mr./Ms.).....am the parent / guardian of (Mr./Miss).....

Relationship to student..... Mobile phone number....., verify the above request and ensure that the student will continue his/her study.

Parent's signature..... Date.....

<p>1. Advisor's approval</p> <p><input type="checkbox"/> Approve <input type="checkbox"/> Reject</p> <p>Reason(s).....</p> <p>.....</p> <p>.....</p> <p>(.....)</p> <p style="text-align: center;">Advisor</p> <p>Date.....</p>	<p>2. Head of department's approval or Head of program's approval</p> <p><input type="checkbox"/> Approve <input type="checkbox"/> Reject</p> <p>Reason(s).....</p> <p>.....</p> <p>.....</p> <p>(.....)</p> <p style="text-align: center;">Head of</p> <p>Date.....</p>	<p>3. Deputy Dean for Student Affairs and Information's approval or Deputy Dean for Educational Service of Salaya Campus's approval</p> <p><input type="checkbox"/> Approve <input type="checkbox"/> Reject</p> <p>Reason(s).....</p> <p>.....</p> <p>.....</p> <p>(.....)</p> <p style="text-align: center;">Deputy Dean for</p> <p>Date.....</p>
<p>4. Deputy Dean for Education's approval</p> <p><input type="checkbox"/> Approve <input type="checkbox"/> Reject</p> <p>Reason(s).....</p> <p>.....</p> <p>.....</p> <p style="text-align: center;">(Professor Sumalee Tungpradabkul)</p> <p style="text-align: center;">Deputy Dean for Education</p> <p>Date.....</p>	<p>5. Dean's approval</p> <p><input type="checkbox"/> Approve <input type="checkbox"/> Reject</p> <p>Reason(s).....</p> <p>.....</p> <p>.....</p> <p style="text-align: center;">(Associate Professor Sittiwat Lertsiri)</p> <p style="text-align: center;">Dean</p> <p>Date.....</p>	