

School of
Mae Fah Luang University
 No.....
 Date.....
 Time.....Recorded by.....



The Division of Registrar
Mae Fah Luang University
 No.....
 Date.....
 Time.....Recorded by.....

DIVISION OF REGISTRAR, MAE FAH LUANG UNIVERSITY

Request Form for an Excused Absence from a Regular Examination

Midterm Examination Final Examination

Semester First Second Summer Academic year.....

(1) To the Dean of School..... Student level Undergraduate student

Name Mr/ Miss/ Mrs..... Student ID

Study in from School of.....Program of.....Mobile phone.....

The reason why

- Request for sick leave from date..... to date
 By medical certification from hospital/clinic..... Date.....
- Other reasons
 Referred documents.....

Which will result in absence from the regular examinations for the following subject(s)

Course Code	Course Title	Exam Date	Exam Time		(2) Instructor's comment	Instructor's Signature
			AM	PM		

For your consideration

Student's Signature
 (.....)
/...../.....

<p>(3) Advisor's Comment</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Signature (.....) /...../.....</p>	<p>(4) Dean's Consideration</p> <p><input type="checkbox"/> Approved, only 50 % maximum of the actual scores</p> <p><input type="checkbox"/> Disapproved because.....</p> <p><input type="checkbox"/> Others</p> <p>Signature (.....) /...../.....</p>
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(5) Head of Examination Committee's Consideration

Approved is reference of the actual exam

Approved, only 50 % maximum of the actual scores

Disapproved

Signature
 (.....)
/...../.....