

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 for the Leave of Absence from a Regular Examination Form

Midterm Examination Final Examination

Semester First Second Summer Academic year.....

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

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 Program of study School of Mobile no.
 Request leave of absence period from to due to
 Illness
 Medical certificate issued by Date.....
 Others
 Reference

List of subjects requested for the leave of absence,

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

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</p> <p><input type="checkbox"/> Disapproved because..... </p> <p>Signature (.....) /...../.....</p>
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<p>(5) Head of Examination Committee's consideration</p> <p><input type="checkbox"/> Approved</p> <p> <input type="checkbox"/> The examinee shall receive his/her attained score.</p> <p> <input type="checkbox"/> The examinee shall receive a 50% reduction of the attained score.</p> <p><input type="checkbox"/> Disapproved</p> <p>Signature (.....) /...../.....</p>	
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