

School of

No.

Date

Time..... Recorded by.....



Registrar Division
Mae Fah Luang University

No.

Date

Time..... Recorded by.....

REGISTRAR DIVISION, MAE FAH LUANG UNIVERSITY

Request for the Leave of Absence from a Regular Examination Form

Semester First Second Summer Academic year.....

Midterm Examination Final Examination

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

--	--	--	--	--	--	--	--	--	--

School of Program of study..... Mobile no.

For a reason

Supporting Documents (please specify and attach documents)

- Medical certificate
 - Inpatient
 - Outpatient
- Others, please specify

(2) List of subjects requested for the leave of absence,

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

Student's signature

(.....)

...../...../.....

(3) Advisor's comment

.....

.....

Advisor's signature

(.....)

...../...../.....

Remark : A processing of form have been completed. Please submit the form at Registrar Division by yourself.