



Office of Academic, Chulabhorn Graduate Institute

Request Form for Leave of Absence

Office of Academic
Receipt No.....
Date Receipt.....
Time.....
Receiver.....

Semester..... Academic year

1 To Chairperson, Program Management Committee

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

Student ID

Program of study..... E-mail

Cumulative grade point average..... Student status Normal Probation No.....

request for leave of absence for semester(s) from Semester Academic Year to Semester Academic Year

Reason for request

The evidence is attached herewith

Medical certification from the hospital/clinic Date

Other documents (if any)

When the leave of absence period is over, I will register for further studies in the next semester.

Signature
...../...../.....

2 Advisor's comment

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.....

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

3 Chairperson of the Program Management Committee's approval

Approved Not Approved

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

4 The Office of the Registrar

Request not processed because

Request Processed

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