R08

Academic Support Division

Date of Receipt.....

Time of Receipt.....

Received by.....

Chulabhorn Graduate Institute

Request for Leaving of Absence

Semester..... Academic year.....

Student ID

(1) Student Name: Mr./Ms./Mrs.....

Program of Study..... ☐ Master ☐ Doctoral

Cumulative grade point average.....Email.....

request for leaving 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) Program Director's approval

☐ Approved

☐ Not Approved.....

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Signature.....

(.....)

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

(4) Institute Registrar's comment

☐ Request processed

☐ Request not processed because.....

.....

Signature.....

(.....)

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