R08

Academic Support Division
Receipt No.…….....
Date Receipt……
Time……
Receiver……..

Chulabhorn Graduate Institute

Request for Leaving of Absence

Semester……..... Academic year …….

① | | | | | | | | | |

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**

……

……

Signature ……

(……..……)

……. / …….. / ……..

③ **Program Director's approval**

☐ Approved ☐ Not Approved .....

Signature ……

(……..……)

……. / …….. / ……..

④ **Institute Registrar's comment**

☐ Request not processed because ……..……..……

☐ Request Processed

Signature ……

(……..……)

……. / …….. / ……..