



## Leave of Absence Request Form (ลาพัก)

Date.....Month.....Year.....

Document for consideration.....

Subject: Request for Leave of Absence To:

Vice President of Academic Affairs

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

Level of Education ☐ Undergraduate ☐ Postgraduate ☐ Regular class ☐ Evening class

Faculty.....Major.....Telephone Number.....

I would like to leave of absence in the semester.....Academic Year.....

Reason for leave of absence:.....

For your kind consideration

Sign.....student

Date...../...../.....

**Please process the request according to the steps below and return the request to the Office of Register**

1. Advisor's Comment

2. Dean's Comment

**3. Office of Registrar**

**4. Vice President of Academic Affairs/**

Verified that the student has

☐ Registered ☐ Unregistered

Leave of Absence

☐ Academic Year .....

☐ Semester .....

Sign.....

Staff of Registrar

Date...../...../.....

☐ Approved ☐ Not Approved

Sign.....

Date...../...../.....

**5. Office Finance and Investment**

Finance and Investment officer received the fees with total amount of.....Baht

According to the receipt book no. .... Order no. ....

Sign.....

Staff of Finance and Investment

Date...../...../.....