



# Naresuan University

NU 17

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

## Request Form for Academic Leave of Absence

Level  Undergraduate  
 Master  Doctorate

Semester..... Academic Year.....

Student ID 

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To: The President

① I (Mr./Ms./Mrs.).....

Faculty.....Major.....Mobile Phone No.....E-mail.....

would like to request leave of absence for .....semester(s) beginning.....semester of the academic year.....

until.....semester of the academic year.....

Documents submitted for your consideration

Medical Certificate from (Name of Hospital).....Date.....

Other documents (if available).....

For the following reason(s).....

After I have completed my leave of absence, I will register for the following semester. **If I have taken leave for more than one semester, I will maintain my status on the e-register program following the NU academic calendar.**

Thank you for your consideration

Student's signature.....

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

### Parent/Guardian's Approval

I.....as parent/guardian of

(Mr./Ms.).....allow him/her to take a leave of absence from NU.

Parent/Guardian's signature.....

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

#### ② Opinion of Academic Advisor

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Signature.....

(.....)

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

#### ④ Opinion of Registration Office

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(Mrs. Wassana Pajadee)

Head of the Registration and Evaluation Office

#### ③ Opinion of the dean of the faculty that the student is enrolled in.

Approved

Not Approved because.....

Signature.....

(.....)

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

#### ⑤ Order by NU

Approved

Not Approved because.....

(Miss Jaruaryporn Sudsawad)

Director Division of Academic Affairs

Acting for the President, Naresuan University

#### ⑥ Registration Office (Academic Office use กนศ.)

For Acknowledgement

For Processing

For Record

Others .....

Signature.....

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