

School of
Mae Fah Luang University
 No.....
 Date.....
 Time.....Recorded by.....



The Division of Registrar
Mae Fah Luang University
 No.....
 Date.....
 Time.....Recorded by.....

DIVISION OF REGISTRAR, MAE FAH LUANG UNIVERSITY

Request for the Leave of Absence from a Regular Examination Form

Midterm Examination Final Examination

Semester First Second Summer Academic year.....

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

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School of Program of study..... Mobile no.

Request leave of absence period from to due to

Illness

Medical certificate issued by Date.....

Others

Reference

List of subjects requested for the leave of absence,

Course Code	Course Title	Exam Date	Exam Time		(2) Instructor's comment	Instructor's signature
			AM	PM		

Student's signature
 (.....)
/...../.....

<p>(3) Advisor's comment</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Signature (.....) /...../.....</p>	<p>(4) Dean's consideration</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> The examinee shall receive his/her attained score. (The instructor shall issue a new exam.)</p> <p><input type="checkbox"/> The examinee shall receive a 50% reduction of the attained score. (The instructor shall issue a new exam.)</p> <p><input type="checkbox"/> Disapproved because.....</p> <p>Signature (.....) /...../.....</p>
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(5) Head of Examination Committee's consideration

Approved

The examinee shall receive his/her attained score.
 (The instructor shall issue a new exam.)

The examinee shall receive a 50% reduction of the attained score.
 (The instructor shall issue a new exam.)

Disapproved

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