



<p>IUP Faculty of Engineering</p> <p>Regis. Number.....</p> <p>Date.....</p>

Request for Leave of Absence

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

Re: Leave of Absence

Semester First Second Summer Academic year.....

I, Mr. / Ms. Student ID.....

Department of..... Faculty of Engineering, Kasetsart University

Mailing address

Telephone E-mail.....

Would like to.....

Specify objective and reason.....

Attachments.

- Documents from parents to allow students to take leave of study
- (In case of enrollment) Enrollment report
- (In case of not enrolling) Evidence of payment of fees for maintaining student status

I hereby certify that the above statement is true in all respects.

Student's signature.....

<p>① Advisor's opinion.</p> <p><input type="checkbox"/> Approve</p> <p><input type="checkbox"/> Not approve</p> <p>Reason (if any).....</p> <p>.....(Advisor)</p> <p>.....(Date/Month/Year)</p>	<p>③ Opinion of the IUP Director.</p> <p><input type="checkbox"/> Approve</p> <p><input type="checkbox"/> Not approve</p> <p>Reason (if any).....</p> <p>.....(IUP Director)</p> <p>.....(Date/Month/Year)</p>
<p>② Opinion of the Head of the Department.</p> <p><input type="checkbox"/> Approve</p> <p><input type="checkbox"/> Not approve</p> <p>Reason (if any).....</p> <p>.....(Head of the Department)</p> <p>.....(Date/Month/Year)</p>	<p>④ Opinion of the Associate Dean.</p> <p><input type="checkbox"/> Approve <input type="checkbox"/> Not approve</p> <p>Reason (if any).....</p> <p><input type="checkbox"/> Office of Education Administration Director.</p> <p>Please consider the request.</p> <p>.....</p> <p>Associate Dean</p> <p>.....(Date/Month/Year)</p>

Parental Consent

① For parents

I..... allow
(Mr./Miss/Mrs.).....
To take a leave of absence.

Signed.....(Parent)
Date.....