



SHINAWATRA UNIVERSITY Leave Form

Form: RE007
Revision: 01
Date: 15/12/2003

Ref:...../.....

Semester: ____/____

Name: (Mr. / Mrs. / Ms.) _____ ID: _____
(IN BLOCK LETTERS)

Program: Undergraduate (Please specify) _____
 Graduate (Please specify) _____
 Other (Please specify) _____

I would like to ask for permission to leave from date: _____ to date: _____

Reason (s): _____

I will miss from class(es) as shown below:

Oreder	Course Code	Course Title	Time	Lecturer
1				
2				
3				
4				

Signature: _____
Date: _____

<p>➊ For Advisor's Approval</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(_____)</p> <p style="text-align: center;">____ / ____ / ____</p>	<p>➋ For Office Use Only</p> <p>Application proceed Date: _____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(_____)</p> <p style="text-align: center;">____ / ____ / ____</p>
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Instructions:

- Complete your application
- Take the approval from Advisor
- Submit to the Division of Registration and Education Services
- The requisition will be completed after the submission by 24 hours