



## Request of Academic Leave form

ICT.RE- 06 : 03.02.2026

Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**Dear** Dean of Faculty of Information and Communication Technology,

a student of the Bachelor of Science Program in Information and Communication Technology, year of study \_\_\_\_\_, Mobile Phone \_\_\_\_\_. would like to request the following:

**Leave Request :** I would like to request leave from studying from semester \_\_\_\_\_ academic year \_\_\_\_\_ due to \_\_\_\_\_

- being conscripted into or called for military service
- receiving student exchange scholarship or attending a program of which the university endorsed
- being sick and treated; having a medical certificate from a hospital \_\_\_\_\_
- inevitable or urgent event or situation (please specify) \_\_\_\_\_

**Cancellation of Leave Request :** I would like return to study for semester \_\_\_\_\_ academic year \_\_\_\_\_  
from taking leave from studying for semester \_\_\_\_\_ academic year \_\_\_\_\_

### Signature

## Guardian's Consent

I, (Mrs. / Miss / Mr.) \_\_\_\_\_ a guardian of  
(Miss / Mr.) \_\_\_\_\_ consent to this request.

Signature \_\_\_\_\_:

(\_\_\_\_\_)

<b>Head of the Academic Administration Office</b>	<b>Deputy Dean for Academic Affairs</b>	<b>Dean of Faculty of Information and Communication Technology</b>
<input type="checkbox"/> Approve <input type="checkbox"/> Not approve because <hr/> <hr/>	<input type="checkbox"/> Approve <input type="checkbox"/> Not approve because <hr/> <hr/>	<input type="checkbox"/> Approve <input type="checkbox"/> Not approve because <hr/> <hr/>
Signature _____  ( Miss Mayuret Yodkam ) Date ____ / ____ / ____	Signature _____  ( Asst.Prof.Dr. Thanapon Noraset ) Date ____ / ____ / ____	Signature _____  ( Dr. Pattanasak Mongkolwat ) Date ____ / ____ / ____

