**Leave of Absence Request Form**

Grantees of the Scholarship Program for Neighboring/ASEAN Countries of

Faculty of Dentistry, Chulalongkorn University

[Please submit the request form to the Graduate Studies Office before your departure 10 days in advance]

**Name** Mr./Ms./Mrs…………………………………..(Given Name)………..………………………(Family Name)

**Degree Program** Master’s Ph.D.

**Department**……………………………………………......................................................................................

**Academic Year**………………………

 I plan to depart from Bangkok, Thailand to.........................................................(Destination City/Country)

 Date of departure……………………………(dd/mm/yy).

 Reason for absence: Vacation other ……………………………………………………….

 I will return to Bangkok, Thailand.

 Date of return………………………………..(dd/mm/yy). If you change the return date, please inform

 Graduate Studies Office as soon as possible.

 Contact address at home country……………………………………………………………………………..

 Telephone……………………………………Email :………………………………………………………..

**Student’s Signature**…………………………………..Date…………………………...……………………………

**Advisor’s or Program Director’s Comment**

 Approved Disapproved

**Advisor’s Signature**……………………………….…………...Date………………………………………………..

**Or**

**Program Director’s** **Signature**………...………………………Date……………………………………………….

**Acknowledgement of student absence**

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 (Prof. Thanaphum Osathanon, D.D.S., Ph.D.)

Associate​ Dean for Academic Affairs and Graduate Studies