

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