

Request Form for Leave of Absence/ Reinstatement

Request No. _____

AR 6

Receipt Date: _____

Bansomdejchaopraya Rajabhat University

Date: _____

I, Name (Mr./Mrs./Miss): _____, Student ID: _____,

Faculty: _____, Program: _____,

Level of study: Bachelor's Degree Master's Degree Doctoral Degree Others: _____,

Type of student: Full time (Daytime) Part time (Twilight)

Address in case of emergency: _____ Telephone: _____,

With current cumulative GPA: _____

would like to

<input type="checkbox"/> Request for leave of absence to maintain studentship in the _____ semester of Academic Year: _____. Because _____
<input type="checkbox"/> Request to reinstate studentship due to failure to pay for leave of absence A total of _____ semesters 1. In the _____ semester of Academic Year _____; 2. In the _____ semester of Academic Year _____; 3. In the _____ semester of Academic Year _____; 4. In the _____ semester of Academic Year _____; 5. In the _____ semester of Academic Year _____; 6. In the _____ semester of Academic Year _____;

In this regard, I have examined the study results and period of study before filing the request and payment. It is expected to complete the program according to the University's Regulation on Education Assessment. For your kind consideration. And if the statement provided above is incorrect or does not correspond to the facts, I'm willing to accept nullification of this request and agree to comply with all regulations of the University.

Signature: _____ Applicant

Request Instruction	Verification
<p>1. Advisor (Please specify name clearly _____) The advisor has clarified the rules to and examined the study results for the student and is of the opinion that <input type="checkbox"/> Seen fit to approve the leave of absence/ reinstatement. <input type="checkbox"/> Seen unfit to approve the leave of absence/ reinstatement. Signature: _____ Advisor</p> <p>2. Submit the request to the Office of Academic Affairs and Registration. 3. Once the request is approved, the student can pay the fee at the Finance Division.</p> <p>4. The period of leave of absence/reinstatement shall include the study period of the student as well.</p>	<p>1. Payment Checked by the Division of Finance The student has already paid the fee. Signature: _____ (_____)</p> <p>2. Checked by Record Section of the Office of Academic Affairs and Registration Signature: _____ (_____)</p> <p>3. Director of the Office of Academic Affairs has considered that _____ Signature: _____ Director of the Office (_____)</p>

Students can check the results via: <http://mis.bsru.ac.th> in the title "Online Request".