

Request No. .... /20.....  
Received Date: .....



STUDENT ABSENCE FORM

Faculty of Dentistry, Mahidol University  
Mahidol International Dental School  
Sent Date: .....

**Subject:** Student Absence Request

**Dear:** Mahidol International Dental School Director

My name is Mr. / Ms. .... Student ID.....

Year:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup> Telephone no.: .....

I would like to ask for permission to be absent from the following of  1<sup>st</sup>  2<sup>nd</sup> Semester Academic Year 20 ..... Date of absence: from..... to..... with the attached details of missed class(es).

**The reason(s) of the absence:**

Sick leave (please specify): .....

attached with medical certificate  without medical certificate

Personal leave (please specify): .....

Participate in faculty's activity(s)/ university's activity(s) (please specify): .....

Venue: .....

Please take my request onto your consideration:

Request for compensatory time  No requested compensatory time

Yours sincerely,

Student's signature.....

(.....)

No.	Course Details		Lect. (Hrs.)	Lab.* (Period)	Clinic* (Period)	Make-up Exam	Re Exam
1.	Date						
	Time						
	Course Code						
	Course Name						
	Course Coordinator						
2.	Date						
	Time						
	Course Code						
	Course Name						
	Course Coordinator						
3.	Date						
	Time						
	Course Code						
	Course Name						
	Course Coordinator						
4.	Date						
	Time						
	Course Code						
	Course Name						
	Course Coordinator						
5.	Date						
	Time						
	Course Code						
	Course Name						
	Course Coordinator						
6.	Date						
	Time						
	Course Code						
	Course Name						
	Course Coordinator						
7.	Date						
	Time						
	Course Code						
	Course Name						
	Course Coordinator						

\*Notes: 1 Lab Period = 3 hours | 1 Clinic Period = 3 hours

Operation	
1. Mahidol International Dental School	2. Mahidol International Dental School Director
<p>Dear <input type="checkbox"/> MIDS Director</p> <p><input type="checkbox"/> Head of Department of.....</p> <p><input type="checkbox"/> Course Coordinator of.....</p> <p>We have checked the student absence.</p> <p><input type="checkbox"/> Student submits a form within required timing.</p> <p><input type="checkbox"/> There is significant issue to be considered.</p> <p><input type="checkbox"/> Notes/ remarks: .....</p> <p>.....</p> <p>.....</p> <p>(.....)</p> <p style="text-align: center;">MIDS Officer</p> <p style="text-align: center;">Date...../...../.....</p>	<p>Dear <input type="checkbox"/> Head of Department of.....</p> <p><input type="checkbox"/> Course Coordinator of.....</p> <p><input type="checkbox"/> Please noted for the student absence</p> <p><input type="checkbox"/> Please consider student s request</p> <p><input type="checkbox"/> Notes / remarks: .....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: center;">(Assoc.Prof.Dr. Ratchapin Srisatjaluk)</p> <p style="text-align: center;">Deputy Dean for International Undergraduate Program and Network Collaboration</p> <p style="text-align: center;">Date...../...../.....</p>
3. Head of Department/ Course Coordinator	
For Sick Leave/ Personal Leave	For Student s Request
<p>Dear <input type="checkbox"/> MIDS Director</p> <p><input type="checkbox"/> Noted for the student absence. (For sick leave)</p> <p><input type="checkbox"/> The leave is approved. (For personal leave)</p> <p><input type="checkbox"/> The leave is not approved.</p> <p><input type="checkbox"/> Notes / remarks: .....</p> <p>.....</p> <p>.....</p> <p>(.....)</p> <p>Head of Department of...../ Course Coordinator of.....</p> <p style="text-align: center;">Date...../...../.....</p>	<p>Dear <input type="checkbox"/> MIDS Director</p> <p><input type="checkbox"/> Absence authorized without compensatory time</p> <p><input type="checkbox"/> Absence authorized and compensatory time granted.</p> <p><input type="checkbox"/> Notes / remarks: .....</p> <p>.....</p> <p>.....</p> <p>(.....)</p> <p>Head of Department of...../ Course Coordinator of.....</p> <p style="text-align: center;">Date...../...../.....</p>
4. Mahidol International Dental School Director	
<p><input type="checkbox"/> Acknowledged the comment and the authorization.</p> <p><input type="checkbox"/> Others/ remarks .....</p> <p>.....</p> <p style="text-align: center;">(Assoc.Prof.Dr. Ratchapin Srisatjaluk)</p> <p style="text-align: center;">Deputy Dean for International Undergraduate Program and Network Collaboration</p> <p style="text-align: center;">Date...../...../.....</p>	