



REQUISITION FORM FOR LEAVE

Social Policy and Development (SPD) International Programme
Faculty of Social Administration, Thammasat University

At.....

Date.....

Subject: Request for Leave

To:

I,.....Student no.....Year.....

would like to request for Sick Leave Other Leave due to.....

.....

(Please note that your reason for leave is necessary for the approval.)

From date to date.....

Total.....days

While I leave, contact me at the address

.....

.....Tel.....

Please consider this request.

Sincerely

Signature

(.....)

Student

Acknowledged

Approved Disapproved

Signature

(.....)

Professor