

Leave of Absence Request Form

Faculty of Pharmaceutical Sciences, Chulalongkorn University

(Please submit the request form to the International Affairs Office before your departure 2 weeks in advance)

Upon your return, submit a photocopy of the entry passport to International Affairs office within 1 week)

Name Mr. / Ms. / Mrs.
(Given Name / Middle name / Surname)

Degree Master Ph.D Program.....

Department Date.....

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

Date of Departure(dd / mm / yy)

Reason:
.....
.....

I will return to Bangkok, Thailand (Date of return)(dd / mm / yy)

In case of date change, inform us at internationalaffairs@pharm.chula.ac.th as soon as possible.

Contact address at home country

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Telephone..... Email.....

Student's Signature

(.....)

Date

Advisor's Comment

Approved Disapproved

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.....
.....

Advisor's Signature

(.....)

Date