



Class Absence Request Form

International College, King Mongkut's Institute of Technology Ladkrabang

1. Student Information			
Student ID	First name	Last name	
Program			Year of Study

2. Absence Detail
Dates requested for absence : from to (inclusive)
Reason for absence (please tick ✓) <input type="checkbox"/> (a) University sanctioned activity (please ask the University staff responsible for this activity to complete Section 5) <input type="checkbox"/> (b) Court or legal proceeding (please attach a copy of the court order or notice of legal proceedings) <input type="checkbox"/> (c) Religious observance <input type="checkbox"/> (d) Medical appointment which cannot be arranged outside of class hours (please attach an appointment card/letter) <input type="checkbox"/> (e) Injury or illness (please attach a medical certificate) <input type="checkbox"/> (f) Military duty (please attach a copy of the military activation order/letter or a relevant notice) <input type="checkbox"/> (g) Death in immediate family (please attach a copy of the death certificate, funeral program, or a certificate/letter from the hospital) <input type="checkbox"/> (h) Others (please attach appropriate evidence and supporting documents)
Provide a complete and detailed explanation for your absence or your request for absence

3. Affected Classes and Instructor's Approval
<p>Note to students: Should your request of absence be granted, you are still required to meet all class requirements, including submission of assignments, following up on the topics covered in the missed lecture, following up on the schedule of future activities in the course (such as exams, extra class sessions, etc.) and changes to the existing schedule, etc.</p> <p>Note to instructors: Should the student's request of absence be granted, the instructor is kindly asked to offer reasonable assistance to the student in making up missed work, providing advice and guidance for the student's self-study on the topics covered in class during the absence, and making arrangements for make-up exams or labs, where applicable and feasible.</p>

Course code / Course title	Instructor's name	Dates and total hours of absent classes	Instructor's approval (Sign and date)

4. Student's Signature	
By signing below, I certify that the information provided here and in the attached documents is true, accurate, and complete to the best of my knowledge. I understand that I may be subject to possible disciplinary actions should the information I have certified be false.	
Student's signature	Date

5. Description of the University Sanctioned Activity (<i>to be completed by a responsible staff member</i>)
Please provide a brief description of the University sanctioned activity that resulted in, or will result in, this student's absence from class.
Approval by a staff member responsible for the requested University Sanctioned activity Name Signature Date

6. College's Approval
Approval by the student's academic advisor Name Signature Date
Approval by the Dean or the program director Name Signature Date