

Date..... Month .....Year.....

**Dear** Director of Academic Support Center and Registration Bureau

I (Mr./Mrs./Ms.) .....

Student ID..... Department .....Faculty.....

Program  Regular  Non-Regular Academic year.....would like to intermission leave in semester.....

First time

.....Time by the previous time had an intermission leave in semester..... Academic year.....

Intermission Leave for no more than two consecutive regular semester

Reason (student who has an intermission leave must make a request for returning to study in the next semester) .....

.....

*Please attach* an evidence which related to an intermission leave

Please be informed accordingly

Sincerely yours,

Signature.....

Mobile phone/Tel.....

① Advisor / Head of Department	④ Academic Support Center and Registration Bureau Staff
<p><input type="checkbox"/> Approve to take an Intermission Leave</p> <p><input type="checkbox"/> Disapprove</p> <p>Signature ..... Advisor</p> <p>(.....) ..... / ..... / .....</p> <p><input type="checkbox"/> Approve to take an Intermission Leave</p> <p><input type="checkbox"/> Disapprove</p> <p>Signature ..... Head of Department</p> <p>(.....) ..... / ..... / .....</p>	<p><input type="checkbox"/> Documents are complete and accurate</p> <p>Signature ..... / ..... / .....</p> <p><input type="checkbox"/> Intermission Leave for no more than two consecutive regular semester</p> <p><input type="checkbox"/> student year...../remain Signature ..... / ..... / .....</p> <p><input type="checkbox"/> cancel enrollment    <input type="checkbox"/> Withdrawn from a course with W</p> <p><input type="checkbox"/> Withdrawn from a course without W    Signature</p> <p>..... / ..... / .....</p> <p style="text-align: center;">Registration Office</p> <p><input type="checkbox"/> Completed execute Signature ..... / ..... / .....</p> <p style="text-align: center;">Processing Office</p>
② Dean	⑤ Head of Office of the Secretary / Head of Administration

<input type="checkbox"/> Approve to take an Intermission Leave <input type="checkbox"/> Disapprove Signature ..... (.....) ..... / ..... / .....	..... ..... Signature ..... (.....) ..... / ..... / .....
③ Division of Finance Staff	⑥ Head of Academic Support Center and Registration Bureau
<input type="checkbox"/> Fees for maintaining student status (Intermission Leave) 300 Baht <input type="checkbox"/> No debt <input type="checkbox"/> in debt with the university    ..... Baht Receipt book no..... No.....    Amount.....Baht Signature ..... / ..... / .....	..... ..... Signature ..... (.....) ..... / ..... / .....

