



Memorandum

Government's Institution Watcharawittaya School, Muang District, Kamphaengphet

No. /
..... Year

Date _____ Month _____

Subject Asking for permission to give students 'I'

Dear Director of the school

Attachment Evaluation and Assessment Plan of

Subject _____

I (Mr./Miss/Mrs./ _____) _____ Position _____

Department of _____ would like to ask for permission to give 'I' to student(s) who is/are in Mattayom _____ / _____ on the subject _____ of which code is _____

Semester _____ Academic Year _____ as following

	Student's ID No.	Name and Last name	Class/Room	Reason of receiving 'I'
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

For your consideration and permission

Sign _____ Teacher
(_____)

Head of Department's Opinion _____

Sign _____

(_____)

Head of Evaluation and Assessment Group's Opinion _____

Sign_____

(Mr. Surasak Yodhong)

Vice Director of Academic Department's Opinion _____

Sign_____

(Miss Natthakarn

Manthaisong)

Permission...

Granted

Denied Reason____

Sign_____

(Mr. Punnawit

Kaewpan)

Director of

Watcharawittaya School