Faculty of Humanities SRINAKHARINWIROT UNIVERSITY
Date:
Subject: Leave Application
Dear [Instructor's/Advisor's Name],
I am
Details: • Total Days of Leave:
Reason for Leave:

During my leave, I will make arrangements to catch up on any missed assignments or coursework and coordinate with classmates for notes and updates. I kindly ask for your support in accommodating this request and any guidance on necessary arrangements.

Thank you for considering my application. I look forward to your approval.

Sincerely,

[Student's Signature]
([Student's Name])
Bachelor of Arts in
Tel:
Email:
Parent/Guardian Certification
I,
information provided in this leave application by my child/ward,
, is accurate and true to
the best of my knowledge.
Parent/Guardian Contact Information:
• Tel:
• Email:
Signature:[Parent/Guardian's Signature]
Date: