

Date	

SubjectO Study leave extensionO Return to wToDean of Graduate College	vork		
Name (Mr., Mrs., Miss)	ID.No.		
	Normal O Special PlanPeriodCampus O Bangkok O Prajinburi O Rayong		
O Master ONormal O Special Plan			
MajorField			
Mobile Phone			
Submitted for the document of			
O Study leave extension in the semester Ac	cademic Year		
The credits remain: coursescredits,Oth	esis/dissertationcredits O	master project <u></u> credits	
○ Return to work			
All courses were completed, 🔿 thesis/disserta	ition, 🔿 master project is continuir	ng.	
		Student	
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		Advisor	
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Date			
		Department Head	
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Date			
Officials for Graduate College			
Officials for Graduate College			
Please approve and sign on the document attach \bigcirc Extra sign the extra bulk leaves reacted.	Approved		
\bigcirc Extension the study leave period	1-1		
O Return to work			
Graduate College_St	aff	Dean of Graduate College	
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