



CHULABHORN  
ROYAL ACADEMY  
Princess Srisavangavadhana College of Medicine

Personal Leave / Sick Leave Form  
For Student of Princess Srisavangavadhana College of Medicine

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

Dear.....

I (Mr./Mrs./Mrs.)..... Student ID.....  
Year..... Program..... Major.....  
Mobile Number..... E-mail.....

Would like to request for

Personal Leave (Indicate the reason) Because.....

Sick Leave (Indicate the reason) Because.....

From date..... To date..... Time..... for a total of.....day(s)

In which there were class in course

Course Code	Couse title	Study Period	Course Coordinator's Signature	Remark

Additional Document(s) (if any)

[ ] Proof of Leave.....

[ ] Medical Certificate

Student's signature .....

(.....)

Year Lead/ Programme Director's comment

Acknowledge

Because.....

.....

.....

Signature .....

(.....)

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

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For Program's Educator

Check the amount of leave in semester..... academic year.....

Already took leave for.....day(s), will take leave.....day(s) account for a total of.....day(s)

Percentage Calculation (%)

Course..... Calculated as a percentage.....

Course..... Calculated as a percentage.....

Course..... Calculated as a percentage.....

Course..... Calculated as a percentage.....

Examiner's signature .....

(.....)

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