



Permission Letter for Leave

Faculty of Medicine, KMITL

Date.....

Subject Student Absence Request

Dear

Name (Mr. / Miss).....

Student ID I am a.....Year

Hereby request a leave for

- ☐ Sick Leave.....
- ☐ Personal Leave.....
- ☐ KMITL Activity.....
- ☐ Other.....

For.....days, from (date) to (date)

After that period, I confirm that I will be back to study.

Please kindly approved

No.	Subject	Lecturer	Sign	Date

Sincerely yours,

Remarks

- Submit the leave form for lecturer approval.
- Please attach medical certificate or recommendation letter of parent/guardian for sick leave.
- Please attach the official document for official duty.

Signature..... Student
(.....)