LEAVE OF ABSENCE / RETURN TO STUDY REQUEST FORM

Ramathibodi School of Nursing, Faculty of Medicine Ramathibodi Hospital,

Mahidol University

No. _____ / _____ Date: _____/_____/_____

Subject: Request for ☐ Leave of Absence ☐ Return to Study

To: Deputy Director for Nursing Education of Ramathibodi School of Nursing

Name Ms./Mr. _____Student ID No.: _____ Cumulative GPA: _____

Mobile No.:_____Email:_____

Note:
1) Students may request a leave of absence for one semester at a time, with a maximum total of one academic year to maintain their student status at the Ramathibodi School of Nursing.
2) The request for a leave of absence will be considered effective only after the student has completed at least one year of study with a cumulative GPA of 2.00 or above.
3) Please be informed that the leave of absence period is counted as part of the total study duration.
4) Students who would like to return to continue their studies must submit a "Return to Study Request Form" to the Baccalaureate Education and Student Affairs Unit at least one week before the registration date.
5) If student is unable to submit the form in person, the completed form may be submitted via email to edu.ramanurse@gmail.com
6) Students who have not completed registration and hold an unpaid status are required to pay a fee of 10,000 Baht.

I would like to:

☐ **Request a Leave of Absence** for ☐ First ☐ Second semester of Academic Year _____

Reason for request:_____

_____

☐ (IF) Illness - with medical certificate

Hospital name: _____ Certificate No.: _____

Date: _____ Month: _____ Year: _____ (Attach medical certificate)

☐ **Request to Return to Study** for ☐ First ☐ Second semester of Academic Year _____

Due to previous leave of absence for ☐ First ☐ Second semester of Academic Year _____

I certify that all the above information is true and correct.

Signature: _____ Date: _____/_____/_____

Guardian Consent

I, (Ms./Mr.) _____, having the relationship of _____to

(Ms./Mr.) _____, hereby give my consent to this application.

Signature: _____ Date: _____/_____/_____

Approval Section

Director of Ramathibodi School of Nursing, Faculty of Medicine Ramathibodi Hospital	Associate Dean for Education, Faculty of Medicine, Ramathibodi Hospital	Dean of Faculty of Medicine Ramathibodi Hospital
☐ Approve ☐ Not approve due to: _____ _____ Signature: _____ (_____) Date: _____/_____/_____	☐ Approve ☐ Not approve due to: _____ _____ Signature: _____ (_____) Date: _____/_____/_____	☐ Approve ☐ Not approve due to: _____ _____ Signature: _____ (_____) Date: _____/_____/_____