



Ramathibodi School of Nursing

Student Leave Form

Date ____ / ____ / ____

To _____

I (Mr. / Miss) _____ Student ID: _____

Year: _____ Requesting a leave of absence from study due to

☐ Sick Leave

Reason: _____

Currently receiving treatment at _____ Doctor's name _____

Haven't received treatment yet because _____

Have been resting at _____

Since Date _____ to _____ total _____ Day/Days.

☐ Business Leave

Reason: _____

Place to go _____

Since Date _____ to _____ total _____ Day/Days.

Student's Signature _____

(_____)

Date: ____ / ____ / ____

Instructor's Signature _____

(_____)

Date: ____ / ____ / ____

Note: _____