



Dear Associate Dean for Educational Affairs

I, Ms./Mr. _____

ID No. _____ Major _____

Address _____ Name of Building/ Village _____

Street _____ Sub-district / Tambol _____

District / Amphor _____ City/Province _____

Zip code _____ E-mail : _____

Telephone : _____ Mobile phone : _____

I have taken Leave of Absence on the 1st Trimester 2nd Trimester 3rd Trimester
Academic Year _____ for _____ month(s), as proved by the attached document(s)
(i.e. Leave of Absence Form). As I am now ready to begin studying again, therefore, please re-admit me
as MUIC student starting on the 1st Trimester 2nd Trimester 3rd Trimester 4th Trimester
Academic Year _____.

Sincerely yours,

Student's signature

...../...../.....

If students cannot submit the form in person, they should authorize a representative to do so on their behalf. Please attach a completed letter of authorization form available at the Registrar Unit: OAA, Aditayathorn Building 3rd floor.

Data input Completed

Waiting for data input

Verified by

Registrar Unit

...../...../.....