



INSTRUCTOR REQUEST FORM

Reference No. /

PRIDI BANOMYONG INTERNATIONAL COLLEGE, THAMMASAT UNIVERSITY

Instructor's name: (Mr. / Mrs. / Miss).....

Course code: Course name:

Class time: Section/Group: Semester:/.....

Mobile number: Email:

I would like to request for

CLASS CANCELLATION on:

Date: time:

AND MAKE-UP CLASS on:

Date: time:

CLASS CANCELLATION on:

Date: time:

AND MAKE-UP CLASS on:

Date: time:

OTHER REQUEST(S), please specify.....

.....

Reason(s)

.....

.....

Instructor's signature:

Date/...../.....

Note: Please complete and submit the request form ONE WEEK in advance.

FOR OFFICIALS ONLY

<p>Administration officer's comment:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Signature:</p> <p>Date/...../.....</p>	<p>Deputy Dean for Academic Affairs' Approval</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Not approved</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Deputy Dean's signature:</p> <p>Date/...../.....</p>
<p>Manager's comment:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Signature:</p> <p>Date/...../.....</p>	



INSTRUCTOR REQUEST FORM

Reference No. /

PRIDI BANOMYONG INTERNATIONAL COLLEGE, THAMMASAT UNIVERSITY

Instructor's name: (Mr. / Mrs. / Miss).....

Course code: Course name:

Class time: Section/Group: Semester:/.....

Mobile number:Email: