



## Request Form for Replacement Class

Dear, Director of General Education

I am (Miss/Mr./Ms./Asst.Prof/Assoc.Prof/Dr.).....

Would like to make up class due to.....

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.....

### Schedule of Replacement Class

Course I.D. Course Name	Normal Teaching Period		Replacement Period		Classroom and building of replacement class
	Date	Time	Date	Time	

Best regards

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(.....)

Instructor

Date.....

Remarks	
<input type="radio"/> approve <input type="radio"/> Disapproval  Signature..... (Asst. Prof. Dr. Amata Anantpinijwatna) Deputy Director of General Education Date.....	Signature.....Approval (Asst. Prof. Siripan Murathathunyaluk) Director of General Education Date.....