



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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.....
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.....
.....

Schedule of Replacement class

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

Best regards

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(.....)

Instructor

Date.....

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