



Replacement Work Request form

The Office of General Education, King Mongkut's Institute of Technology Ladkrabang

Semester /

Date Month Year

Subject: Request for Replacement Work

To: Director of the Office of General Education

I am (Mr./Ms.) Student ID Number.....

I would like to request compensatory work due to:

I participated in an event.....

According to the letter/order number..... Subject.....

From date.....month year.....to date.....month year.....

(As per the attached document)

The institute/faculty announces the cancellation of classes

From date.....month year.....to date.....month year.....

Other.....

Schedule of Replacement Work

Course Code/Name	Normal Working Period		Replacement Working Period		Building and Classroom for Replacement Work
	Date(s)	Time(s)	Date(s)	Time(s)	

I hereby submit this for your kind consideration.

Teacher Assistant's Signature.....

(.....)

Director's Comments

Approve

Not Approved due to.....

Signature.....

(Assistant Professor Siripan Murathathunyaluk)

Director of the Office of General Education

Date / /