



Academic Affairs Request Form

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

Semester /.....

Date Month Year

Subject:

To: Director of the Office of General Education

I am (Instructor/Dr./Asst. Prof./Asst. Prof. Dr./Assoc. Prof./Assoc. Prof. Dr.)
the instructor for Course Title..... Course Code
SectionPhone Number Email Address.....

I would like to respectfully submit a request regarding.....
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I hereby submit this for your kind consideration.

Instructor's Signature.....

(.....)

1) Officer's Record	2) Deputy Director's Comments	3) Director's Comments
Received the request on /..... /..... Time	<input type="radio"/> Proceed as recommended <input type="radio"/> It is recommended to proceed as follows:	<input type="radio"/> Approve <input type="radio"/> Not Approved due to.....
Action
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Signature	Signature..... (Associate Professor Dr.Ravipat Lapchareonsuk)	Signature..... (Assistant Professor Siripan Murathathunyulok)
(.....)	Deputy Director of the Office of General Education	Director of the Office of General Education
Position	Date /..... /.....	Date /..... /.....