



## Replacement Class Request Form

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

						Semester/	
				Date	Month	Year	
Subject: Requ	est for Replac	ement Class					
To: Director o	of the Office of	General Educ	ation				
I am (	Instructor/Dr./A	sst. Prof./Asst. F	Prof. Dr./Assoc.	Prof./Assoc. Pro	of. Dr.)		
I would like to	request replac	ement class(es)	) due to:				
O I went on	an official leave	<u>e</u>					
According	to the letter/or						
From date	From date monthyearto date					year	
(As per the	(As per the attached document)						
O The institu	The institute/faculty announces the cancellation of classes						
					month	year	
_		,				, 	
	Replacement C						
	Normal				ement	Building and	
Course	Code/Title	Teaching Period		Teaching Period		Classroom	
Course C	Loue/ Title	_		_			
		Date(s)	Time(s)	Date(s)	Time(s)	for Replacement Class	
		- 1. 1	. 1			•	
I here	by submit this f	or your kind co	nsideration.				
		I	nstructor's Sign	ature			
				(			
		De	puty Director'	s Comment			
O Approv							
O Not ap	proved due to						
		Signature					
			Professor Dr. Ra				
			tor of the Office				
		nate.	/	/			