

STUDENT ACTIVITY PERMISSION FORM

Dhurakij Pundit University permits Mr. /Miss.....

Student ID No.....Major.....Faculty.....

to participate in
(activity)

from.....to.....total.....days
(D/M/Y) (D/M/Y)

at.....

Student Affairs Office would like to inform that the subject instructor on the above student should be given an excused absence on the day (s) indicated. Please acknowledge by signment next to your on subject.

Subject

- 1.....Sign.....
- 2.....Sign.....
- 3.....Sign.....
- 4.....Sign.....
- 5.....Sign.....
- 6.....Sign.....
- 7.....Sign.....
- 8.....Sign.....
- 9.....Sign.....

This is to certify that the above is true information. Thank you for on your cooperation.

(.....)

Position.....

Dr.Natthasith Siripanyathanakij

Assistant Vice President Student Affairs