



Kasem Bundit University
Aviation Personnel Development Institute (APDI)

REQUEST FORM FOR CANCELLED & MAKE UP CLASSES

Date.....

To: Classroom Coordinator

I..... full-time part-time Lecturer

Of the course.....Section.....of the classroom coordinator

Would like to:

Cancel the class on.....

Make Up the class on.....

Reason(s):

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

Thank you for your consideration and arrangement.

Sincerely,

.....
(.....)

Telephone.....

For Official Use Only

Approved / Allowed to use the following:

Room.....Building.....Time.....To.....

Others.....

.....
(.....)