KMUTNB INTERNATIONAL COLLEGE

Request to delay examination due to COVID-19 (Final)

First Name:		**Student ID:**	
Family Name:		**Phone Number:**	
E-mail		**Line ID:**	
Date of COVID-19 TEST:		**Section:**	
Test Location (Hospital Name):		**Date expected to recover (according to medical certificate)**	

Course Code	Course Name	Examination Date

I declare that the given information is accurate and truthful

Signature:

....

(....)

Date: ……………………………………….**2022**

Attach : COVID-19 test report issued by hospital (public or private), university's clinic, District's Public Health Center certified COVID-19 test center.

(Self-Tested ATK is not accepted)

COVID-19 test report

(Attach medical certificate here)