PROGRAM CHANGE REQUEST FORM

Graduate Level

Valaya Alongkorn Rajabhat University under the Royal Patronage, Pathum Thani Province

Date ..... Month ..... B.E. .....

Subject: Request to Change Program of Study

To: The President

Enclosure: A copy of the academic transcript

I, (Mr./Mrs./Ms.) ..... Student ID No. .....

a student in the ○ Master's Degree Program ○ Doctoral Degree Program, majoring in .....

Enrolled in Semester ..... Academic Year ..... Contact phone number .....

I wish to change to the ..... Program, majoring in .....

Reason for the request: .....

I agree to accept the conditions of changing my program of study, which may result in my graduating later than normal.

I therefore respectfully submit this request for your kind consideration.

Signature ..... Student
(.....)
Date: ..... / ..... / .....

Advisor's Comments: .....

Signature ..... Advisor
(.....)
Date: ..... / ..... / .....

Comments of the Chair of the Original Program: .....

Signature ..... Program Chair
(.....)
Date: ..... / ..... / .....

Comments of the Chair of the Program Requested for Transfer: .....

Signature ..... Program Chair
(.....)
Date: ..... / ..... / .....

Associate Dean's Comments: .....

Signature ..... Associate Dean of the Graduate School
(.....)
Date: ..... / ..... / .....

Dean's Comments: .....

Signature ..... Dean of the Graduate School
(.....)
Date: ..... / ..... / .....

President's Decision: ☐ Approved ☐ Not Approved, because .....

Signature ..... President
(.....)
Date: ..... / ..... / .....