REQUEST FOR CHANGE OF THESIS / INDEPENDENT STUDY ADVISOR FORM

Graduate Level

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

To: The Dean of the Graduate School

Name – Surname (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 .....
Thesis / Independent Study Title (English): .....
.....

I wish to propose the following name(s) to ☐ request a change of Advisor for the ☐ Thesis
☐ Independent Study, as follows:

(Please type and/or write the academic title, if the person nominated or being changed holds an academic title.)

Advisor	Current	New
Principal Advisor	Signature ..... (.....)	Signature ..... (.....)
Co-Advisor	Signature ..... (.....)	Signature ..... (.....)
Co-Advisor (if any)	Signature ..... (.....)	Signature ..... (.....)

Reason: .....
.....

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

1. Thesis / Independent Study Advisor	2. Program Chair
Comments: .... Signature ..... (.....) **Thesis / Independent Study Advisor** Date: ..... / ..... /	**Comments:** .... ☐ Approved ☐ Not Approved, because ..... Signature ..... (.....) **Program Chair** Date: ..... / ..... / .....
3. Associate Dean of the Graduate School	**4. Dean of the Graduate School**
Comments: .... Signature ..... (.....) **Associate Dean of the Graduate School** Date: ..... / ..... /	**Comments:** ..... ☐ Approved ☐ Not Approved, because ..... Signature ..... (.....) **Dean of the Graduate School** Date: ..... / ..... / .....

Remark Students must submit the Request for Change of Thesis / Independent Study Advisory Committee form to the Graduate School.