



The Graduate School Kasetsart University

GS. 02



Appointment/Change of Student's Advisory Committee Request Form

Student's Name: (Mr/Miss/Mrs/Title) Last name:

Degree: Doctoral Degree Plan 1.1 Plan 1.2 Plan 2.1 Plan 2.2

Master's Degree Plan A1 Plan A2

Program: Regular Program Special Program Golden Jubilee Program

Regular Program (International) Special Program (International)

Student's ID No.: Major Field: (Major Field Code:))

Subject Group (if any): Department:

Minor Field (if any): Campus:

Semester/Year of Admission:/..... Contact Phone No.:

Request for: Appointment of Advisory Committee Change of Advisory Committee

	Name and Title	Code	Signature	Date
Thesis Advisor:/...../.....
Thesis Co-advisor:/...../.....
Thesis Co-advisor:/...../.....
Thesis Co-advisor:/...../.....
Thesis Co-advisor:/...../.....

Former Advisory Committee [Request for change(s)]:

	Name and Title	Code	Signature	Date
Thesis Advisor:/...../.....
Thesis Co-advisor:/...../.....
Thesis Co-advisor:/...../.....
Thesis Co-advisor:/...../.....
Thesis Co-advisor:/...../.....

Student's Signature: Date:/...../.....

Advice/Recommendation:

(Thesis Advisor)

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Signature:
(.....)

Date:/...../.....

Advice/Recommendation:

(Head of Department /Graduate Program Committee Chairperson)

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Signature:
(.....)

Date:/...../.....

(For KU Graduate School Officer Only)

To: Associate Dean

Request approved, Dean's approval recommended.

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Date:/...../.....

Approved

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Associate Dean

Date:/...../.....

*Remark 1. One original copy and one photocopy are required for submission to the Graduate School.

2. When applying for a change of advisory committee, advice/recommendation of former advisory Committees are required.

3. The quotas for each advisor are available at <http://www.grad.ku.ac.th>