



The Graduate School  
Kasetsart University

GS. 02



Appointment/Change of Student's Advisory Committee Request Form

① To Dean of The Graduate School

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

Doctoral Degree  Plan 1.1  Plan 1.2  Plan 2.1  Plan 2.2

Master's Degree  Plan A / A1  Plan A / A2  Plan B

Major Field: ..... (Major Field Code: .....)  Department: .....

Special Program in .....  Golden Jubilee Program

Dual/Double/Joint Degree Program in .....

Bangkhen  Kamphaeng Saen Campus  Chalemphrakiat Sakon Nakhon Province Campus  Sri Racha Campus

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

② Request for appointment / change of Advisory Committee for  Thesis  Independent Study (I.S.)

Advisory Committee or New Advisory Committee [Request for change(s)]	Name - Last Name with Academic Title and Highest Degree	Lecturer's Code	Signature	Date
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Advisor:	.....	.....	.....	...../...../.....
Co-advisor (If Any):	.....	.....	.....	...../...../.....
Co-advisor (If Any):	.....	.....	.....	...../...../.....
Co-advisor (If Any):	.....	.....	.....	...../...../.....

Former Advisory Committee	Name - Last Name with Academic Title and Highest Degree	Lecturer's Code	Signature	Date
Advisor:	.....	.....	.....	...../...../.....
Co-advisor (If Any):	.....	.....	.....	...../...../.....
Co-advisor (If Any):	.....	.....	.....	...../...../.....
Co-advisor (If Any):	.....	.....	.....	...../...../.....

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

③ Recommendation from Thesis Advisor  
or Independent Study Advisor:

Please consider for further approval.

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

④ Recommendation from Head of Department /  
Graduate Program Committee Chairperson

*For permanent lecturers (Please select one)*

- All proposed names are curriculum permanent lecturers appointed.
- The proposed name ..... has complete qualifications and is in process of appointment for curriculum permanent lecturers.

Please consider for further approval.

Signature: ...../...../.....  
(.....)  
Head of Department or Graduate Program Committee Chairperson

(For The Graduate School Only)

To Associate Dean

Qualification is completely verified. Appropriate for further approval.

Approved.

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

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Associate Dean For The Dean of The Graduate School  
Date: ...../...../.....

Remark: 1. In case of the request for thesis advisory committee change, the previous main thesis advisor's signature and comment are required.  
2. The quotas for each advisor are available at <http://www.grad.ku.ac.th>.