



Office of Academic Affairs
Receipt No.....
Date Receipt .....
Time .....
Receiver.....

**Chulabhorn Graduate Institute**

**Request Form to Change Program of Study**

Semester .....Academic year.....

To **Rector**

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Student Name Mr./Miss./Mrs.....

Student ID

Program:..... would like to be changed my affiliation from the

Program of ..... to the Program of ..

Signature .....

(.....)

**Current affiliation**

① **Advisor's comment**

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Signature .....

(.....)

...../...../.....

② **Program Management Committee's Comment**

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Signature .....

(.....)

...../...../.....

**New Program of Study**

③ **Program Management Committee's Comment**

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Signature .....

(.....)

...../...../.....

④ **Rector of Chulabhorn Graduate Institute**

**Approval**

**Disapproval**

Signature .....

(.....)

...../...../.....