



Office of Academic Affairs
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	
<p>① <b>Advisor's comment</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Signature .....</p> <p>(.....)</p> <p>...../...../.....</p>	<p>② <b>Program Management Committee's Comment</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Signature .....</p> <p>(.....)</p> <p>...../...../.....</p>
New Program of Study	
<p>③ <b>Program Management Committee's Comment</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Signature .....</p> <p>(.....)</p> <p>...../...../.....</p>	<p>④ <b>Rector of Chulabhorn Graduate Institute</b></p> <p><input type="checkbox"/> Approval      <input type="checkbox"/> Disapproval</p> <p>Signature .....</p> <p>(.....)</p> <p>...../...../.....</p>