



**Chulabhorn Graduate Institute**  
Request for Changing Program of Study  
Semester..... Academic year.....

Academic Support Division

Date of Receipt.....

Time of Receipt.....

Received by.....

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Student ID

(1) Student Name: Mr./Ms./Mrs..... ☐ Master ☐ Doctoral  
Program of Study.....would like to change program of study  
from the Program of.....to the Program of.....

Signature.....  
...../...../.....

| Current Program of Study  |  |
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| <p>(2) Advisor's comment</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Signature.....<br/>(.....)<br/>...../...../.....</p>          | <p>(3) Program Director's comment</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Signature.....<br/>(.....)<br/>...../...../.....</p>  |
| New Program of Study  |  |
| <p>(4) Program Director's comment</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Signature.....<br/>(.....)<br/>...../...../.....</p> | <p>(5) Rector of Chulabhorn Graduate Institute</p> <p><input type="checkbox"/> Approval <input type="checkbox"/> Disapproval</p> <p>Signature.....<br/>(.....)<br/>...../...../.....</p> |