



Chulabhorn Graduate Institute

Request for Changing Program of Study and/or Study Plan
Semester..... Academic year.....

R06

Academic Support Division

Date of Receipt.....

Time of Receipt.....

Received by.....

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Student ID

(1) Student Name: Mr./Ms./Mrs.....

Purpose ☐ Change Program of Study ☐ Change Study Plan

Current Program of Study ☐ ABS ☐ CS ☐ ET

☐ Master ☐ Doctoral

Expected Program of Study to be changed to ☐ ABS ☐ CS ☐ ET

☐ Master ☐ Doctoral

Note: **Master** ☐ **Plan 1** Academic: Consists of only thesis research or thesis research with course work,
totaling not less than 36 credits and must have at least 12 credits for thesis research

☐ **Plan 2** Profession: Consists of independent study, not less than 3 credits but not
more than 6 credits (without a thesis)

Note: **Doctoral** ☐ **Plan 1** Consists of only thesis research

1.1 thesis research not less than 48 credits for Master's graduates

1.2 thesis research not less than 72 credits for Bachelor's graduates

☐ **Plan 2** Consists of only thesis research and course work

2.1 thesis research not less than 36 credits/ course work not less than
12 credits for Master's graduates

2.2 thesis research not less than 48 credits/ course work not less than
24 credits for Bachelor's graduates

Signature.....

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(2) Advisor's comment

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Signature.....

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(3) Program Director's comment

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Signature.....

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(4) Institute Registrar's comment

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Signature.....

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