



**Chulabhorn Graduate Institute**  
**Request for Changing Program of Study**

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

Academic Support Division

Date Receipt .....

Time .....

Receiver.....

To **Rector**

--	--	--	--	--	--	--	--	--	--

Student ID

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

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

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

Signature .....

(.....)

Current affiliation	
<p>① Advisor's comment</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Signature .....</p> <p>(.....)</p> <p>...../...../.....</p>	<p>② Program Director's Comment</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Signature .....</p> <p>(.....)</p> <p>...../...../.....</p>
New Program of Study	
<p>③ Program Director's Comment</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Signature .....</p> <p>(.....)</p> <p>...../...../.....</p>	<p>④ Rector of Chulabhorn Graduate Institute</p> <p><input type="checkbox"/> Approval <input type="checkbox"/> Disapproval</p> <p>Signature .....</p> <p>(.....)</p> <p>...../...../.....</p>