R06

Academic Support Division
Date Receipt .....
Time .....
Receiver.....

Chulabhorn Graduate Institute

Chulabhorn Graduate Institute

Request for Changing Study Plan

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

① Student Name Mr./Miss./Mrs.....

Student ID

Program of study ..... ☐Master ☐ Doctoral

would like to change study plan from ..... to .....

Note: Master: Plan 1: Academic / Plan 2 : Profession

Doctoral : Plan 1: 1.1 /1.2
Plan 2 : 2.1/2.2

Reason for request .....

.....

Signature .....

② **Advisor's comment**

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Signature .....

(.....)

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

③ **Program Director"s comments**

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Signature .....

(.....)

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

④ **Confirmation from Academic Support Division**

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Signature .....

(.....)

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

⑤ **Institute Registrar's comment**

.....

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Signature .....

(.....)

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