



Requested form to change the chairperson or the dissertation advisory committee

Subject Request to change the chairperson or the dissertation advisory committee

To Dean of Graduate School

I am (Mr./Mrs./Ms.) Student ID

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

Program Major/Pathway Faculty

Beginning year of study First Semester Second Semester Study type Full-time Part-time

Contact telephone number E-mail

Request to change the chairperson/ dissertation advisory committee

The previous dissertation advisory committee

	Opinion	Signature
1. Principal advisor
2. Co-advisor
3. Co-advisor
Due to		
.....		
.....		

Proposed new dissertation advisory committee

	Opinion	Signature
1. Principal advisor.....
2. Co-advisor
3. Co- advisor

I have already consulted the program director to change the chairperson or the dissertation advisory committee. Please be informed accordingly.

Student Name
(.....)
Date Month Year

<input type="checkbox"/> Agreed <input type="checkbox"/> Disagreed (Signature)..... (.....) Program Director Date ____ Month ____ Year	<input type="checkbox"/> Agreed <input type="checkbox"/> Disagreed (Signature)..... (.....) Head of Department/Devision Date ____ Month ____ Year
<input type="checkbox"/> Agreed <input type="checkbox"/> Disagreed (Signature)..... (.....) Dean, Faculty of..... Date ____ Month ____ Year	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (Signature)..... (.....) Dean of Graduate School Date ____ Month ____ Year