

GRD-T 006 (Eng)

**Requested form for change of the chairperson or the thesis advisory committee** \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Subject:** Request to change the chairperson or the thesis advisory committee

**To Dean of Graduate School**

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

Program Major/Pathway Faculty

###### Beginning year of study ⭘ First Semester ⭘ Final Semester Study type ⭘ Full-time ⭘ Part-time

Contact telephone number E-mail

Request to change the chairperson / thesis advisory committee

The previous thesis advisory committee Opninion Signature

1. Principal thesis advisor ................................................................... .............................................. ...............................

2. Co-thesis advisor .......................................................................... .............................................. ...............................

3. Co-thesis advisor .......................................................................... .............................................. ...............................

Due to

Proposed new thesis advisory committees

Opinnion Signature

1. Principal advisor.................................................................................... .............................................. ...............................

2. Co-advisor .................................................................................... .............................................. ...............................

3. Co-advisor .................................................................................... ............................................. ...............................

I have already consulted the program director to change the chairperson or the thesis advisory committees.

Please be informed accordingly.

Student Name

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| □ Agreed □ Disagreed (Signature)…………………………………………..………  (……………………………………………….…) Program DirectorDate Month Year………………….. | □ Agreed □ Disagreed(Signature)…………………………………………..…………(……………………………………………….…)Head of Department/DevisionDate Month Year……………………. |
| □ Agreed □ Disagreed(Signature)…………………………………………..………(……………………………………………….…)Dean, Faculty of………………………..Date Month Year………………….. | □ Approved □ Disapproved(Signature)…………………………………………..…………(……………………………………………….…)Dean of Graduate SchoolDate Month Year………………….. |

Date Month Year.