

	<h2 style="margin: 0;">Graduate Studies</h2> <p style="margin: 0;">King Mongkut's Institute of Technology Ladkrabang</p>	Document No.	SFM-63-OAQ-GS-005
		Time of Revised	A
	<p style="margin: 0;">(Main) Thesis Advisor Changing Request Form</p>	Effective start date	01/07/2564
		Page	1 / 3

Section 1 For Student

Full name (Mr./Ms.) Student ID.....

Student Level Master curriculum..... Plan A Type A1 Plan A Type A2
 Plan B
 Doctorate curriculum..... Type 1 (1.1 Type Master Deg.)
 Type 1 (1.2 Type Bachelor Deg.)

Faculty..... Department..... Type 2 (2.1 Type Master Deg.)
 Type 2 (2.2 Type Bachelor Deg.)

Tel. Email.....

Would like to change the Main thesis advisor Joint thesis advisor

Advisor (old) Full name

Advisor (new) Full name

① Signature.....
(.....)
Student
Date..... Month..... Year.....

② Signature

(.....)
Thesis Advisor (New)
Date..... Month..... Year.....

Section 2 For Academic Affairs

Thesis Advisor (New) Full nameAcademic Position.....

Master's degree in

Doctoral degree in

Under the department..... Faculty.....

Currently is a thesis advisor of Student (Signature.....Officer)

*** Note : Academic department staff will check and fill it out completely. Date.....Month.....Year.....

The course chairman signed and give opinion.

.....

.....

Signature.....
(.....)
Date..... Month.....Year.....

	Graduate Studies King Mongkut's Institute of Technology Ladkrabang	Document No.	SFM-63-OAQ-GS-005
		Time of Revised	A
	(Main) Thesis Advisor Changing Request Form	Effective start date	01/07/2564
		Page	2 / 3

Part 3 Academic Committee

<p>Head of Academic Section/Authorized Person</p> <p>.....</p> <p>.....</p> <p style="text-align: center;">Signature.....</p> <p style="text-align: center;">(.....)</p> <p style="text-align: center;">Date..... Month..... Year</p>

****Note**** : Thesis Advisor (old) to sign the document no. SFM-63-OAQ-GS-006 within 7 days. If not, it is assumed that the former advisor acknowledges and proceeds

(Former) Thesis Advisor Notification Form

Full name (Mr./Ms.) Student ID.....

Faculty Program

Telephone no. Email

Would like to change the main thesis advisor

Advisor (former) Full name

Advisor (new) Full name

Comment/Feedback

.....
.....
.....

Signature

(.....)

Thesis Advisor (Former)

Date..... Month..... Year

Note: The research results of the students and the former advisors must obtain the consent of the former advisor in order to use the research results.