



The Graduate School
Kasetsart University

GS. 02-1

Appointment/Change of Student's Advisory Committee
Request Form for Plan B Students

Student's Name: (Mr/Miss/Mrs/Title) Last name:
Master's Degree Plan B [] Regular Program [] Special Program
[] Regular Program (International) [] Special Program (International)
Student's ID No.: Major Field: (Major Field Code:)
Subject Group (if any): Department:
Minor Field (if any): Campus:
Semester/Year of Admission:/..... Contact Phone No.:
Request for: [] Appointment of Advisory Committee [] Change of Advisory Committee

Table with 5 columns: Name and Title, Code, Signature, Date. Rows include Advisory Committee Chairperson and four Committee Members.

Former Advisory Committee [Request for a change(s)]:

Table with 5 columns: Name and Title, Code, Signature, Date. Rows include Former Advisory Committee Chairperson and four Committee Members.

Student's Signature: Date:

Advice/Recommendation: (Advisory Committee Chairperson)
Advice/Recommendation: (Head of Department /Graduate Program Committee Chairperson)
Signature: Date:

(For KU. Graduate School Officer Only)

To: Dean

Approved

Request approved, Dean's approval recommended.

Date:/...../.....

Date:/...../.....

Dean

- *Remark 1. One original copy and one photocopy are required for submission to the Graduate School, no later than the end of the second semester.
2. When applying for a change of advisory committee, advice/recommendation of former advisory Committees are required.
3. The quotas for each lecturer are available at http://www.grad.ku.ac.th.