

The Graduate School Kasetsart University

Appointment/Change of Student's Advisory Committee Request Form

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	Master's Degree	O Plan A1	O P	lan A2			
rogram:	Regular Program	gular Program Special Program			Golden Jubilee Program		
	Regular Program (I	nternational) \square S	pecial Prog	gram (Interna	tional)		
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bject Group (if any)	:		Dep	artment:			
inor Field (if any): .			Can	npus:			
emester/Year of Adn	nission:	/	Contact P	hone No.:			
equest for: Appe	ointment of Advisory	Committee	Change of	Advisory C	ommittee		
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T		me and Title		Code	Signature		
Thesis Advisor:							
Thesis Co-advisor:							
Thesis Co-advisor:							
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Thesis Advisor:						//	
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Studer	nt's Signature:			Date: .	/		
dvice/Recommenda	tion:		Advice/l	Recommend	ation:		
Thesis Advisor)			(Head of Department /Graduate Program Committee Chairperso				
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	chool Officer Only)						
o: Dean				Approved			
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- *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 advisor are available at http://www.grad.ku.ac.th