



The Graduate School KasetSart University

GS. 03-1

Request for Change of Study Plan

Student's Name: (Mr/Miss/Mrs./Title)Last name:.....

Degree: Doctoral Degree Plan 1 (2)/1.1 Plan 1 (1)/1.2 Plan 2 (1)/2.2 Plan 2 (2)/2.1
 Master's Degree Plan A (1)/A1 Plan A (2)/A2 Plan B
 Diploma

Program: Regular Program Special Program Golden Jubilee 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.:

Students would like to request for change of study plan as follow:
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Student's Signature:

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

The request for change of study plan is in accordance with the curriculum and department requirements.

Approved by Student's Advisory Committee:

	Name and Title	Code	Signature	Date
Thesis advisor / Advisory Committee				
Chairperson/...../.....
Thesis co-advisor / Committee member/...../.....
Thesis co-advisor / Committee member/...../.....
Thesis co-advisor / Committee member/...../.....
Thesis co-advisor / Committee member/...../.....

Head of Department / Graduate Committee Chair Chairperson:

Signature:

(.....)

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

(For KU Graduate School Officer Only)

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* Remark - Please enclose a copy of previously approved study plan with this form.

March 2008