GR-11

CHANGE OF THESIS TITLE REQUEST FORM
Graduate School, Udon Thani Rajabhat University
แบบคำร้องขอเปลี่ยนหัวข้อวิทยานิพนธ์

Attention: Dean of Graduate School
Subject: Request for Change of Thesis Title

FIRST NAME: _____ FAMILY NAME: _____

SEMESTER / ACADEMIC YEAR: _____ / _____ STUDENT ID: _____

CONTACT NUMBER: _____ _____EMAIL ADDRESS: _____

PROGRAM: ☐ Master's Degree in _____

☐ PhD Degree in _____

Thesis proposal Approval Date: _____/_____/_____

Thesis Title: (in Thai)

_____

_____

_____

Thesis Title: (in English)

_____

_____

_____

I would like to request for change of the thesis title as below:

Thesis Title: (in Thai)

_____

_____

_____

Thesis Title: (in English)

_____

_____

_____

Reasons:

_____

_____

_____

Student's Signature: _____ Date: _____/_____/_____

Thesis Advisory Committee

Comments (If any):

_____

_____

Signature: _____

(_____)

Major Advisor

Date: _____/_____/_____

Comments (If any):

_____

_____

_____

_____

Signature: _____

(_____)

1st Co-Advisor

Date: _____/_____/_____

Comments (If any):

_____

_____

_____

_____

Signature: _____

(_____)

2st Co-Advisor

Date: _____/_____/_____

Comments (If any):

_____

_____

Signature: _____

(_____)

Chair of the Program of Study

Date: _____/_____/_____

Approved as proposed To be reconsidered

Comments (If any):

_____

_____

_____

Signature: _____

(_____)

Dean of Graduate School

Date: _____/_____/_____