มหาวิทยาลัยมหิดล
คณะแพทยศาสตร์ศิริราชพยาบาล
โรงเรียนกายอุปกรณ์สิรินธร

Change of Research Supervisor Request Form

This page is to be completed by students

Name of students

1. Name: _____ Student No: _____
2. Name: _____ Student No: _____
3. Name: _____ Student No: _____
4. Name: _____ Student No: _____
5. Name: _____ Student No: _____

What kind of change would you like to make?

❑ Change the Main Research Supervisor: Appoint a current co-supervisor as the new main supervisor

❑ Change the Main Research Supervisor: Nominate a new individual to take over as the main supervisor

❑ Add a Co-Supervisor: Appoint an additional co-supervisor to the team

❑ Remove a Co-Supervisor: Remove an existing co-supervisor from the team

Current Research Supervisors:

- Main supervisor: _____
- Co-supervisor 1: _____
- Co-supervisor 2: _____
- Co-supervisor 3: _____
- Co-supervisor 4: _____

Proposed or New Research Supervisors:

- Main supervisor: _____
- Co-supervisor 1: _____
- Co-supervisor 2: _____
- Co-supervisor 3: _____
- Co-supervisor 4: _____

Reason(s) for changing of research supervisor:

_____
_____
_____
_____
_____

Signature of students:

1. _____ Date: _____
2. _____ Date: _____

3. _____Date:_____
4. _____Date:_____
5. _____Date:_____

Signature of Current Main Research Supervisor	Signature of Proposed or Removed Research Supervisor
_____ (_____) Date_____	_____ (_____) Date_____

Head of Research Team:
Request is □ approved □ rejected
Comments:
_____
_____
_____

_____
(_____)
Date_____