

Proposal for Thesis Advisor Change to the

GS.A 4

Graduate School

For Master Programs

Program Title:	Field of Study:
College/Institute/Faculty:	Rangsit University
I, Mr/Miss/Mrs:	Student ID Number:
If the thesis title is changed, please specify a	new one and attach GS.A. 5 form together with this
form. (GS.A. 4)	
Thesis Title:	
wish to change my thesis advisor	
	(Former advisor) (New advisor)
	(IVEW advisor)
	SignatureStudent
	Date
Thesis Advisor's comments:	Program Director's comments:
Signature New advisor	SignatureProgram Director
()	/)
** In case the thesis title is not changed **	
Former thesis advisor's comments:	The Graduate School Dean's comments
Signature Former advisor ()	Signature Dean of the Graduate School
/	/