

Graduate School, Srinakharinwirot University
Request Form for Appointment of MS/MA/Ph.D. Advisor(s)

To: Dean of Graduate School

The board members of the MS/ MA / Ph.D. in..... Field.....
 Faculty of..... would like to request for appointment of the following advisor(s) to advise/supervise
 MS/ MA Thesis MS/ MA Project Ph.D. Dissertation
 Mr./ Mrs./ Miss/ Ms.....Student ID Number.....
 Graduate Student in Ph.D. programs Dual Masters–Ph.D. programs Masters programs
 E-mail Tel

Position	First name – Last name (including academic ranking)
Principal advisor	
Co-advisor (if applicable)	

By signing below, the advisor(s) whose name(s) stated above accept(s) the appointment of MS/MA/Ph.D. advisor(s).

Signature..... Principal advisor

Signature..... Co-advisor

Remarks

1. All graduate students must have their accounts to access and to work through i-Thesis system. (All graduate students can learn more about the i-Thesis system through provided workshops or from the i-Thesis handbook.)
2. Qualified principal advisors and co-advisors of graduate students whose initial student IDs begin with 59xxxxxxx and above are to follow Srinakharinwirot University regulations on Graduate Studies, 2016. MS/ MA/Ph.D. principal advisors must be full-time lecturers in the programs to which the graduate students belong.
3. MS/ MA/Ph.D. principal advisors must be full-time lecturers whose names are listed as graduate school lecturers under the category MS/ MA/Ph.D. advisors.

Administrative Committee of the Program	The Dean’s Decision
<input type="checkbox"/> Approved <input type="checkbox"/> Other comments Signature..... (.....) Date.....Month.....Year..... <p style="text-align: center;">Program Chair</p>	<input type="checkbox"/> Approved <input type="checkbox"/> Other comments Signature..... (.....) Date.....Month.....Year..... <p style="text-align: center;">Dean of Graduate School</p>