Rattanakosin International College of Creative Entrepreneurship

Request Form for Advisor Appointment

Date.....Month.....Year.....

Name (Mr./ Mrs./ Miss): ..... Student ID: .....

Program: ..... Major: ..... Trimester / Academic Year .....

Mobile phone: ..... E-mail: .....

Title of Thesis/Independent Study.....

..... (Please attached drafted thesis proposal)

Request for: ☐ Appointment of Advisory ☐ Change of Advisory

1. Advisor: ..... Signature ..... Date .....
2. Co-advisor: ..... Signature ..... Date .....
3. Co-advisor: ..... Signature .....Date .....

Former Advisory Committee [Request for change(s)]

1. Advisor: ..... Signature ..... Date .....
2. Co-advisor: ..... Signature ..... Date .....
3. Co-advisor: ..... Signature ..... Date .....

Signature.....Student

(.....)

Advice / Recommendation: (Program Chair)

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Signature ..... Program Chair

(.....)

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Advice / Recommendation: (Director)

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Signature ..... Director

(.....)

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