**Part 1 of students**

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| Full Name (Mr./Mrs./Miss.) ............................................................................ STUDENT ID..........................................  Student at level 🗆 Master's degree Program ……………………….......................................... 🗆 plan 1.1 🗆 plan 1.2 🗆 plan 2  🗆 Doctoral Degree Program …………………......................................... 🗆 plan 1.1 🗆 plan 1.2  🗆 plan 2.1 🗆 plan 2.2 School.......................................................................... Program........................................................................................  Phone................................................. Email.....................................................................................................................  Request to change thesis advisor  Principal advisor  Joint advisor  Advisor, formerly Full name.....................................................................................  New advisor, Full name.............................................................................................    ① Signed.................................................. ②Signed.................................................  (................................................) (................................................)   Student Thesis Advisor (New)  Date : ............................................ Date : ............................................ |

**Part 2 Academic Section**

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| **Full Advisor (new)**………….........………………….………………… Academic position ……………..……….............................  Master's degree ……………………………………….…….................. field of study …………………..………………...…………......  Doctoral degree ………………………..………….…….................... field of study ...…………..………………....…..………...…..  Major..................................................................................Faculty.........................................................................  🗆 Currently is a thesis advisor. Number of……..person (Signed................................................. Officials)  \*\*\*Note: Staff of the Academic Division check and fill out completely Date : ............................................ |
| **The course chairman signed his opinion.**  .................................................................................................................................................................................................  .................................................................................................................................................................................................  Signed....................................................  (.....................................................)  Date : ............................................ |

**Part 3 Academic Committee**

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| Head of Academic Section/Authorized Person  ……………………..…………..........................................................................................................................…….……………….....  ............................................................................................................................................................................................  Signed....................................................  (.....................................................)  Date : ............................................ |

\*\*NOTE\*\* : Thesis Advisor (formerly) signed the document no. SFM-63-OAQ-GS-006 However, if the signature is not signed within 7 days, it is assumed that the former advisor has acknowledged and will proceed further.