**Request Form of changing Academic Advisor**

Course : Department : Semester :

Student ID No. : Name :

**I officially request to change the academic advisor or a direction committee of the above student as from (YY/MM/DD) as follows ;**

|  |  |  |
| --- | --- | --- |
| Classification | Before the change | After the change |
| Department | Position | Name | Department | Position | Name | Signature | Date of Change |
| Academic Advisor |  |  |  |  |  |  |  |  |
| Joint Advisor |  |  |  |  |  |  |  |  |
| Direction Committee |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| The Reason of change : |

\* The reason of change must be written.

\* Filling out the Joint Advisor is not necessary.

 (Year) (Month) (Day)

The chair of department (Signature)

**To Dean of Graduate School**