

**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  
☐ Master's Thesis                      ☐ Independent study                      ☐ Ph.D. Dissertation  
 Mr./ Mrs./ Miss/ Ms..... Student ID Number.....  
 Graduate Student in ☐ Ph.D. programs                      ☐ combined 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.

Program's Administrative Board	The Dean's Decision
<input type="checkbox"/> Approved <input type="checkbox"/> Other comments .....    Signature..... (.....) Date.....Month.....Year..... Program Chair	<input type="checkbox"/> Approved <input type="checkbox"/> Other comments .....    Signature..... (.....) Date.....Month.....Year..... Dean of Graduate School