**GS. 410**

**Graduate School, Srinakharinwirot University**

**Request Form for Appointment of MS/MA/Ph.D. Advisor(s)**

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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 ………………………………………………………………………….

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| **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 59xxxxxxxx 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.

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| **Program’s Administrative Board** | **The Dean’s Decision** |
| ( ) Approved  ( ) Other comments .............................................  ..........................................................................................  ..........................................................................................  Signature.................................................  (...............................................................)  Date.........Month......................Year..........  Program Chair | ( ) Approved  ( ) Other comments .............................................  ..........................................................................................  ..........................................................................................  Signature................................................  (...............................................................)  Date.........Month......................Year..........  Dean of Graduate School |