

Request Form for Change of Program

Request No. _____

AR 15

Receipt Date: _____

Bansomdejchaopraya Rajabhat University

Date: _____

I, Name (Mr./Mrs./Miss): _____, Student ID: _____,

Faculty: _____, Program: _____,

Level of study: Bachelor's Degree Master's Degree Doctoral Degree Others: _____,Type of student: Full time (Daytime) Part time (Twilight)

Address in case of emergency: _____ Telephone: _____,

would like to request for

a change of program from: _____ to _____**a change of faculty** from: _____ to _____

Because _____

Signature: _____ Applicant

Consideration Process	Results	Signature
1. Office of Academic Resources and Technology	<input type="checkbox"/> Verified	
2. Finance Division	<input type="checkbox"/> Verified, no unpaid tuition	
3. Advisor of the current program	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____	
4. Head of the current program	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____	
5. Head of the new program	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____	
6. Dean of the new faculty	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____	
7. Director of the Office of Academic Affairs	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____	

Conditions for requesting to change the program

1. The students must not have any outstanding tuition fees.
2. The students with a code beginning with 58 who wish to change the program or faculty can submit a request in the second semester of the first academic year.
3. Once the request is approved, it will be effective in the next semester.
4. the students who have been approved to change the program/faculty cannot use it as a condition for opening a special case group of study.

Students can check the results via: <http://mis.bsru.ac.th> in the title "Online Request".