



# Mahachulalongkornrajavidyalaya University

## Request Form to Change Field of Study

To: The Director of Chiang Mai Sangha College

I, Phra/Mr.....Buddhist Name.....Surname.....  
 Student ID Code.....Department of.....Majoring in.....Year.....  
 Academic year.....GPA.....would like to change my affiliation from the Department / Field of study  
 of.....to the Department / field study of.....  
 .....

**Please consider this request**

Signature.....

Requestor

...../...../.....

**1. Advisor's comment**

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Signature .....

(.....)

...../...../.....

**2. Head of new programme's comment**

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Signature .....

(.....)

...../...../.....

**5. Treasury division** has already been received 50 Baht from the requestor according to receipt Book..... No.....

Signature.....recipient

(.....)

...../...../.....

**3. Head of Registration and Evaluation's comment**

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Signature.....

(.....)

...../...../.....

**4. Director's comment**

( ) Approved ( ) Disapproved

(.....)

...../...../.....

Director of Chiang Mai Sangha College

**Remark:** the requestor must submit this request form within 15 days before the school is opened and must have been studied not less than 2 semesters and not less than 1.75 of GPA is required.