

## Naresuan University

	NU	13
DateMonth	Year	

## Request Form for Faculty/Major Transfer

Level Undergraduate

Master Doctorate

Semester Academic Year	Student ID	
To: The President	Student ID	
_		
① I (Mr./Ms./Mrs.)		
FacultyMajor		
would like to request your approval to change my faculty/ major from		
to		
beginning semester, academic year Document(s) is subn	nitted for your consideration. LJ Transcript(s) For a total of	
documents.		
For the following reason(s)		
Thank you for your consideration.	If the request for consideration has been approved.	
Thank you for your consideration.	please fill in the name of your new advisor.	
	picase the in the name of your new advisor.	
The training	Student's signature	
	Student's signature////	
Old Faculty/Major	New Faculty/Major	
② Opinion of Academic Advisor	③ Opinion of Major	
	7.8/100/1	
Signature	Signature	
()	(	
Opinion from Major/Division	Opinion of Dean	
	Approved	
	Not Approved because	
	Signature	
Signature	Signature(	
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Opinion of the Dean	Opinion of Registration Office	
Approved		
Not Approved because		
Signature		
(	(Mrs Wassana Pajaidee)	
//	Head of the Registration and Evaluation Office	
⑤ Order by NU	Registration Office (Academic Office use)	
☐ Approved	☐ For Acknowledgement	
□ Not Approved because	☐ For Processing	
	☐ For Record	
	Others	
(Miss Jaruaryporn Sudsawad)		
Director, Division of Academic Affairs	Signature	
Acting for the President, Naresuan University	//	