



**Request for Thesis Access Restriction**  
**The Sirindhorn International Thai – German Graduate School of Engineering**

Date.....

**Subject : Request for Thesis Access Restriction**

**To : TGGGS Dean**

Name (Mr./Mrs./Miss).....Last Name.....

ID. No. □□-□□□□□□-□□□□-□

Education level :     Master's Degree                       Doctoral Degree

Program : .....Department.....

Address : .....

Mobile : .....E-mail Address : .....

Thesis Title : .....

I have passed the thesis defense examination on : .....

I wish to secure the entire work for a period of ..... year (s) effective on (date): .....

For consideration because of (Please provide the Confidentiality Agreement or Request Letter as a proof document.)

Confidentiality Agreement with      Company.....  
University.....

Institute.....

Intellectual Property of              Company.....  
University.....

Institute.....

Please consider,

Student's Signature .....

(.....)

**Approved by Student's Advisory Committee**

1.....Advisor                      Signature.....

2.....Co-Advisor                      Signature.....

3.....Co-Advisor                      Signature.....

**Remarks: Student who wish to restrict access to thesis, please complete and submit the thesis access restriction request form (TG. 98) on the same day that submit the thesis to the TGGGS Academic Affairs. Afterward, this application will not be considered.**



Advisor's Opinion

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Signature.....Advisor

(.....)

Coordinator's Opinion

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Signature.....Coordinator

(.....)

Head of Department's Opinion

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Signature..... Head of Department

(.....)

TGGS Academic Affairs'  
Memo

To be considered

To be approved

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Approval of TGGS Associate Dean for Academic Affairs

- Approved
- Approved with condition.....
- Not approved
- .....

Signature..... Associate Dean

(.....)

Approval of TGGS Dean

- Approved
- Approved with condition.....
- Not approved
- .....

Signature..... Dean

(.....)