



Application for Appointment of Thesis Advisory Committee
The Sirindhorn International Thai – German Graduate School of Engineering

Date.....

Subject : Request for appointment of thesis advisory committee

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 :

Proposed Thesis Title :
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I wish to apply for approval of appointment of thesis advisory committee For renewal For additional For change

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

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

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

Former Advisory Committee (In Case of Requesting Additional or Change)

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

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

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

Student’s Signature

(.....)

Remarks: 1. 1-3 advisors for doctoral degree student, 1-2 advisors for master degree student.

2. Students must complete coursework and industrial internship.

3. Enclose advisor’s resume for new advisor who has not been in the TGGGS advisor list.

Consent of Program Coordinator and Head of Department

This proposal and the title have been checked for its uniqueness.

For Approval

Other.....

Department Academic Affairs' Officer:	Program Coordinator:	Head of Department:
Signature.....	Signature.....	Signature.....
(.....)	(.....)	(.....)
Date.....	Date.....	Date.....

**Memo by the TGGs Academic Affairs
To TGGs Associate Dean for Academic Affairs**

Number of Advisees	Qualification	
Advisor.....	Qualified	Not Qualified
Co-Advisor.....	Qualified	Not Qualified
Co-Advisor.....	Qualified	Not Qualified

For Approval For Consideration

Signature.....
(.....)
Date.....

Approval of TGGs Associate Dean for Academic Affairs

Approved
Approved with condition.....
Not approved
Other

Signature.....
(.....)
Date.....