



Application for Thesis Progress Examination

The Sirindhorn International Thai – German Graduate School of Engineering

Date.....

Subject : Request for Thesis Progress Examination

To : TGGs 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 :
.....
.....
.....

The thesis title and proposal were approved on.....

I wish to take the thesis progress examination : Date : Time :

Room No. : Building :

Enclose 5 copies of abstract Student's Signature
(.....)

Approved by Student's Advisory Committee

- 1.....Advisor Signature.....
- 2.....Co-Advisor Signature.....
- 3.....Co-Advisor Signature.....

Remarks: 1. Progress examination must be taken at least 30 days for master degree student and 90 days for doctoral degree student after the approval of thesis title.
2. Students must submit TG.53 form together with this TG.03 form

Consent of Program Coordinator and Head of Department

For approval

The Thesis Progress Examination Committee and TGGs Representative are composed of

- 1. Name.....Academic/Administration Position.....
Office.....Phone No.....
- 2. Name.....Academic/Administration Position.....
Office.....Phone No.....
- 3. Name.....Academic/Administration Position.....
Office.....Phone No.....
- 4. Name.....Academic/Administration Position.....
Office.....Phone No.....

Remarks: Master Thesis Progress Examination must have 1-3 Thesis Examination Committee Members:

- **1 Chairman:** External (outside of university) or External (within the university) or Internal (within TGGs)
- **1 Members:** External (outside of university) or External (within the university) or Internal (within TGGs) or TGGs Program Lecturer
- **1 Advisor:** Main Advisor (must be TGGs Program Lecturer) (option and Co-Advisor from the approved list, counting as one vote)

These members must have a doctoral degree and other qualifications according to CHE. Importantly, they must be approved by TGGs Committee.

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**

For approval

Signature.....

(.....)

Date.....

Approval of TGGs Associate Dean for Academic Affairs

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

Signature.....

(.....)

Date.....