



## Thesis Access Restriction

### King Mongkut's University of Technology North Bangkok

#### STUDENT INFORMATION

(Title)	(Family Name)	(First Name)	(Middle Name, if any)
Student ID:		Email:	Mobile:
Study Program: <input type="checkbox"/> Doctoral Degree		<input type="checkbox"/> Master Degree	
Study Curriculum Program: <input type="checkbox"/> Electrical and Software Systems Engineering (ESSE) (Master Curriculum: Offer only Study Plan A2)		Minors <input type="checkbox"/> Electrical Power and Energy Engineering (EPE) <input type="checkbox"/> Communication and Smart System Engineering (CSE) <input type="checkbox"/> Software Systems Engineering (SSE) <input type="checkbox"/> Smart Grids Engineering (SGE) for Master Only	
<input type="checkbox"/> Mechanical and Automotive Engineering (MAE) (Master Curriculum: Offer Study Plan A1, A2 and B)		<input type="checkbox"/> Mechanical Engineering Simulation and Design (MESD) <input type="checkbox"/> Automotive Safety and Assessment Engineering (ASAE)	
<input type="checkbox"/> Materials and Production Engineering (MPE) (Master Curriculum: Offer Study Plan A1 and A2)		<input type="checkbox"/> Metallurgical and Materials Engineering (MME) <input type="checkbox"/> Production Engineering (PE)	
<input type="checkbox"/> Railway Vehicles and Infrastructure Engineering (RVIE) Joint Master Degree with Chulalongkorn University (Offer only Study Plan A2)		<input type="checkbox"/> Railway Vehicles Engineering (RVE) <input type="checkbox"/> Railway Infrastructure Engineering (RIE)	
<input type="checkbox"/> Chemical and Process Engineering (CPE): (Master Curriculum: Offer Study Plan A1 and A2)			
Master Study Plan: <input type="checkbox"/> Study Plan A1 (No Internship)		<input type="checkbox"/> Study Plan A2	<input type="checkbox"/> Study Plan B (No Thesis)

#### Thesis Information

Thesis Title:		
Passed Thesis Defense Examination on:		
Wish to secure the entire work for a period of _____ year (s)	Effective on (date):	
For consideration because of <b>(Please provide the Confidentiality Agreement or Request Letter as a proof document.)</b>		
<input type="checkbox"/> Confidentiality Agreement with	Company: _____	
<input type="checkbox"/> Intellectual Property of	University: _____	
	Institute: _____	
Student Signature:		Submission Date:

#### TGGS Advisory Committee APPROVAL (The advisor fills this section.)

TGGS Advisor:	Signature:	Signature Date:
TGGS Co-Advisor:	Signature:	Signature Date:
TGGS Co-Advisor:	Signature:	Signature Date:

**Remarks: Student who wish to restrict access to thesis, please complete and submit the thesis access restriction request form (TG. 98.1) on the same day that submit the thesis to the TGGS Academic Affairs. Afterward, this application will not be considered.**

#### TGGS Program Coordinator APPROVAL (The program coordinator fills this section.)

TGGS Program Coordinator's Opinion:	Signature:	Signature Date:
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#### TGGS Curriculum Chairman APPROVAL (The curriculum chairman fills this section.)

TGGS Curriculum Chairman's Opinion:	Signature:	Signature Date:
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#### TGGS Academic Affairs (TGGS Academic Affairs fills this section.)

TGGS Academic Affairs Officer' Memo:		Signature:
<input type="checkbox"/> To be considered	<input type="checkbox"/> To be approved	
_____		Signature Date:
<b>Approval of TGGS Associate Dean for Academic Affairs:</b>		
<input type="checkbox"/> Approved	<input type="checkbox"/> Approved with condition: _____	
<input type="checkbox"/> Not Approved	<input type="checkbox"/> To be considered in TGGS Committee Meeting on _____	
_____		
TGGS Associated Dean for Academic Affairs' Name and Signature:		Approval Date: