



Master Project Access Restriction (Only for Study Plan B)

King Mongkut's University of Technology North Bangkok

STUDENT INFORMATION

(Title)	(Family Name)	(First Name)	(Middle Name, if any)
Student ID:		Email:	Mobile:
Study Curriculum Program: <input type="checkbox"/> Mechanical and Automotive Engineering (MAE) (Master Curriculum: Offer Study Plan A1, A2 and B)		Minors <input type="checkbox"/> Mechanical Engineering Simulation and Design (MESD) <input type="checkbox"/> Automotive Safety and Assessment Engineering (ASAE)	

Master Project Information

Master Project Title:		
Passed Master Project Defense Examination on:		
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.)		
<input type="checkbox"/> Confidentiality Agreement with <input type="checkbox"/> Intellectual Property of	Company: _____	
	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 master project, please complete and submit the master project access restriction request form (TG. 98.2) on the same day that submit the master project 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: <input type="checkbox"/> To be considered <input type="checkbox"/> To be approved <input type="checkbox"/> _____		Signature:
		Signature Date:
Approval of TGGS Associate Dean for Academic Affairs: <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 _____ <input type="checkbox"/> _____		
TGGS Associated Dean for Academic Affairs' Name and Signature:		Approval Date: