



Application for Doctoral Qualifying Examination King Mongkut's University of Technology North Bangkok

STUDENT INFORMATION

<small>(Title)</small>	<small>(Family Name)</small>	<small>(First Name)</small>	<small>(Middle Name, if any)</small>
Student ID:		Email:	Mobile:
Study Curriculum Program: <input type="checkbox"/> Electrical and Software Systems Engineering (ESSE)		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"/> Mechanical and Automotive Engineering (MAE)		<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)		<input type="checkbox"/> Metallurgical and Materials Engineering (MME) <input type="checkbox"/> Production Engineering (PE)	
<input type="checkbox"/> Chemical and Process Engineering (CPE):			

English Proficiency Test Score Information

TOEFL (Paper Based): _____	IELTS (Academic Module): _____	Latest Test Date:
TOEFL (Computer Based): _____	CU-TEP: _____	
TOEFL (Internet Based): _____	Other: _____	

Research Information

Research Proposal Title: _____

Proposed Examination Date: _____	Time: _____	Location: _____
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The following documents are submitted with this form:

TG 06 Application for Appointment of Doctoral Qualifying Examination Committee

TG 50 Research Proposal

TG 55 Doctoral Qualifying Examination Committee Member's Professional Qualification (CV)

According to RED, a student must submit this request within the first 3 semesters, if not the student is automatically retired from the program.

Student Signature: _____	Submission Date: _____
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TGGS Advisor APPROVAL (The advisor fills this section.)

Thesis Advisor's Name: _____	Signature: _____	Date: _____
Thesis Co-Advisor's Name: _____	Signature: _____	Date: _____
Thesis Co-Advisor's Name: _____	Signature: _____	Date: _____

TGGS Program Coordinator and Curriculum Chairman APPROVAL

(The program coordinator and the curriculum chairman fill this section.)

Request to check the followings: 1. Detailed Research Proposal (TG 50 Form) 2. Application for Appointment of Doctoral Qualifying Examination Committee (TG 06 Form) 3. Doctoral Qualifying Examination Committee Member's Professional Qualification (TG 55 Form)	Program Secretary's Signature: _____	
	Date: _____	
	TGGS Program Coordinator's Opinion: <input type="checkbox"/> Approved. <input type="checkbox"/> Not Approved. <input type="checkbox"/> _____	Name: _____
TGGS Curriculum Chairman's Opinion: <input type="checkbox"/> Approved. <input type="checkbox"/> Not Approved. <input type="checkbox"/> _____	Name: _____	Signature: _____
		Date: _____

TGGS Academic Affairs APPROVAL (TGGS Academic Affairs fills this section.)

TGGS Academic Affairs Officer Memo: Dissertation enrolls in this semester _____ credits <input type="checkbox"/> To be considered <input type="checkbox"/> To be approved <input type="checkbox"/> _____	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"/> _____	
TGGS Associated Dean for Academic Affairs' Name and Signature: _____	Approved Date: _____