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## Internship Report Submission and Request for Access Restriction (Only for Study Plan A2 and B) King Mongkut's University of Technology North Bangkok STUDENT INFORMATION (Title) (Family Name) (First Name) (Middle Name, if any) Student ID: Email: Mobile: Master Study Curriculum Program: Minors □ Electrical and Software Systems Engineering (ESSE) □ Electrical Power and Energy Engineering (EPE) (Offer only Study Plan A2) Communication and Smart System Engineering (CSE) Software Systems Engineering (SSE) □ Smart Grids Engineering (SGE) for Master Only Mechanical and Automotive Engineering (MAE) Mechanical Engineering Simulation and Design (MESD) (Offer Study Plan A1, A2 and B) Automotive Safety and Assessment Engineering (ASAE) □ Materials and Production Engineering (MPE) Metallurgical and Materials Engineering (MME) (Offer Study Plan A1 and A2) Production Engineering (PE) □ Railway Vehicles and Infrastructure Engineering (RVIE) Railway Vehicles Engineering (RVE) Joint Master Degree with Chulalongkorn University Railway Infrastructure Engineering (RIE) (Offer only Study Plan A2) Chemical and Process Engineering (CPE): (Offer Study Plan A1 and A2) Study Plan: Study Plan A1 (No Internship) □ Study Plan A2 Study Plan B (No Thesis) Internship Period: Starting Date: Ending Date: Total Number of Weeks: Internship Project Title: □ Same as proposed Changed with permission Submitted Document(s): □ Internship Report Weekly Report □ Evaluation Form □ Internship Reference Letter Secure the entire work for a period of Request(s): year (s) Effective on (date): Industrial Internship Access Restriction Confidentiality Agreement State the reason for the access restriction: □ Intellectual Property □ University Owner of agreement/property: □ Company □ Institute Name: Student Signature: Submission Date: TGGS Advisor APPROVAL (The advisor fills this section.) Herewith, I certify that the student has **TGGS Internship Advisor's Opinion:** completed the industrial internship at the If the submission date is more than 60 days after the internship ending date, the advisor must stated company. provide the reason for the delay submission: Signature: Additional Comments: Date: TGGS Program Coordinator APPROVAL (The program coordinator fills this section.) TGGS Program Coordinator's Opinion: Name: Signature: Date: TGGS Curriculum Chairman APPROVAL (The curriculum chairman fills this section.) **TGGS Curriculum Chairman's Opinion:** Name: Signature: Date: TGGS Academic Affairs APPROVAL (TGGS Academic Affairs fills this section.) **TGGS Academic Affairs Officer Memo:** Name: □ The internship report is complete and conforms to the TGGS Regulation. Signature: □ To be considered □ To be approved Date: Approval of TGGS Associate Dean for Academic Affairs: Name: □ Approved □ Approved for the late submission with the advisor consent. Signature: Not Approved □ Approved with condition: Approval Date: