



Application for Appointment of Thesis Advisory Committee 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 Program: <input type="checkbox"/> Doctoral Degree		<input type="checkbox"/> Master Degree	
Study Curriculum Program: <input type="checkbox"/> Electrical and Software Systems Engineering (ESSE) <small>(Master Curriculum: Offer only Study Plan A2)</small>		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) <small>(Master Curriculum: Offer Study Plan A1, A2 and B)</small>		<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) <small>(Master Curriculum: Offer Study Plan A1 and A2)</small>		<input type="checkbox"/> Metallurgical and Materials Engineering (MME) <input type="checkbox"/> Production Engineering (PE)	
<input type="checkbox"/> Railway Vehicles and Infrastructure Engineering (RVIE) <small>Joint Master Degree with Chulalongkorn University (Offer only Study Plan A2)</small>		<input type="checkbox"/> Railway Vehicles Engineering (RVE) <input type="checkbox"/> Railway Infrastructure Engineering (RIE)	
<input type="checkbox"/> Chemical and Process Engineering (CPE): <small>(Master Curriculum: Offer Study Plan A1 and A2)</small>			
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 Advisory Committee Information

Application: For renewal For additional For change

Thesis Advisor/Co-Advisor Names List:

Remarks: 1. 1-3 advisors for doctoral degree student, 1-2 advisors for master degree student.
2. Enclose advisor's resume for new advisor who has not been in the TGGGS advisor list.

Name:	<input type="checkbox"/> Advisor <input type="checkbox"/> Co-Advisor	Signature:	Date:
Name:	<input type="checkbox"/> Advisor <input type="checkbox"/> Co-Advisor	Signature:	Date:
Name:	<input type="checkbox"/> Advisor <input type="checkbox"/> Co-Advisor	Signature:	Date:

Former Advisory Committee (In Case of Requesting Additional or Change):

Name:	<input type="checkbox"/> Advisor <input type="checkbox"/> Co-Advisor	Signature:	Date:
Name:	<input type="checkbox"/> Advisor <input type="checkbox"/> Co-Advisor	Signature:	Date:
Name:	<input type="checkbox"/> Advisor <input type="checkbox"/> Co-Advisor	Signature:	Date:

Student Signature:	Submission Date:
--------------------	------------------

TGGGS Program Coordinator and Curriculum Chairman APPROVAL

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

Request to check: 1. Qualification of Advisory Committee Member(s) (TG A02 and TG 52 Forms)	Program Secretary's Signature: Date:
TGGGS Program Coordinator's Opinion: <input type="checkbox"/> Approved. <input type="checkbox"/> Not Approved. <input type="checkbox"/> _____	Name: Signature: Date:
TGGGS Curriculum Chairman's Opinion: <input type="checkbox"/> Approved. <input type="checkbox"/> Not Approved. <input type="checkbox"/> _____	Name: Signature: Date:

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

TGGGS Academic Affairs Officer Memo:

Name:	<input type="checkbox"/> Qualified	<input type="checkbox"/> Not Qualified	<input type="checkbox"/> To be considered	<input type="checkbox"/> To be approved
Name:	<input type="checkbox"/> Qualified	<input type="checkbox"/> Not Qualified	<input type="checkbox"/> _____	
Name:	<input type="checkbox"/> Qualified	<input type="checkbox"/> Not Qualified	Signature/Date:	

Approval of TGGGS Associate Dean for Academic Affairs:

Approved. Approved with condition _____
 Not Approved. _____

TGGGS Associated Dean for Academic Affairs' Name and Signature:	Approved Date:
---	----------------