



## Application for Master Project Proposal Examination (Only for Study Plan B)

### 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:
Master Study Curriculum Program: <input type="checkbox"/> Mechanical and Automotive Engineering (MAE) (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

*According to REM, a student who is eligible to take the Master Project Proposal Examination must register for the master project in that semester and comply with the followings: (1) Complete at least 18 credits of coursework, and (2) The Master Project Proposal Examination must be completed within 30 days after the master project title is approved and the advisor is appointed. Failure to comply within the specified time, the student must propose a new topic and a new advisor.*

Proposed Master Project Title:

Proposed Examination Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

The following documents are submitted with this form:

- |  |   |
|--|---|
| <input type="checkbox"/> TG B02 Application for Appointment of Master Project Advisory Committee | <input type="checkbox"/> TG B51 A Master Project Proposal |
| <input type="checkbox"/> TG52 Advisor's Professional Qualification (CV)                          | <input type="checkbox"/> _____                            |

Student Signature: \_\_\_\_\_ Submission Date: \_\_\_\_\_

#### TGGS Advisor APPROVAL

(The advisor fills this section.)

*The advisor will report the progress of master project to the Curriculum Chairman every semester until the student has completed the master project.*

<b>Master Project Advisor's Name:</b>	Signature:
	Date:
<b>Master Project Co-Advisor's Name:</b>	Signature:
	Date:
<b>Master Project Co-Advisor's Name:</b>	Signature:
	Date:

#### TGGS Program Coordinator and Curriculum Chairman APPROVAL

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

<b>Request to check the followings:</b> 1. Master Project Title and Detailed Proposal (TG B51 Form) 2. Appointment of Advisory Committee (TG B02 and TG52 Forms)	Program Secretary's Signature:
	Date:
<b>TGGS Program Coordinator's Opinion:</b> <input type="checkbox"/> Approved. <input type="checkbox"/> Not Approved. □ _____	Name: _____
	Signature: _____
	Date: _____
<b>TGGS Curriculum Chairman's Opinion:</b> <input type="checkbox"/> Approved. <input type="checkbox"/> Not Approved. □ _____	Name: _____
	Signature: _____
	Date: _____

#### TGGS Academic Affairs APPROVAL

(TGGS Academic Affairs fills this section.)

<b>TGGS Academic Affairs Officer Memo:</b> Completed coursework _____ credits <input type="checkbox"/> Completed industrial internship <input type="checkbox"/> To be considered <input type="checkbox"/> To be approved □ _____	Name: _____
	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"/> _____	
TGGS Associated Dean for Academic Affairs' Name and Signature: _____	Approved Date: _____