



Application for Appointment of Master Project Advisory Committee (Only 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:
Study Program: <input type="checkbox"/> Doctoral Degree		<input type="checkbox"/> Master Degree	
Master Study Curriculum Program: <input type="checkbox"/> Mechanical and Automotive Engineering (MAE) <small>(Offer Study Plan A1, A2 and B)</small>		Minors <input type="checkbox"/> Mechanical Engineering Simulation and Design (MESD) <input type="checkbox"/> Automotive Safety and Assessment Engineering (ASAE)	

Master Project Advisory Committee Information

Application: For renewal For additional For change

Master Project Advisor/Co-Advisor Names List:

Remarks: 1. 1-2 advisors for master degree student.
2. Enclose advisor's resume for new advisor who has not been in the TGGs 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: _____

TGGs 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 B02 and TG52 Forms)	Program Secretary's Signature: Date:
TGGs Program Coordinator's Opinion: <input type="checkbox"/> Approved. <input type="checkbox"/> Not Approved. <input type="checkbox"/> _____	Name: _____ Signature: _____ Date: _____
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:		
Name:	<input type="checkbox"/> Qualified <input type="checkbox"/> Not Qualified	<input type="checkbox"/> To be considered <input type="checkbox"/> To be approved <input type="checkbox"/> _____
Name:	<input type="checkbox"/> Qualified <input type="checkbox"/> Not Qualified	Signature/Date:
Approval of TGGs Associate Dean for Academic Affairs: <input type="checkbox"/> Approved. <input type="checkbox"/> Not Approved. <input type="checkbox"/> Approved with condition _____ <input type="checkbox"/> _____		

TGGs Associated Dean for Academic Affairs' Name and Signature: _____ Approved Date: _____