



## Application for Master Project Defense 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) <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 Information

*According to REM, a student is eligible to take the Master Project Defense Examination after the title has been approved at least 30 days.*

Master Project Title:	Approved Date:
Proposed Examination Date:	Time:
Location:	

### Proposed Master Project Defense Examination Committee and TGGS Representative(s):

*According to REM, for Master Project Defense Examination, the examination committee consists of 3 members: (1) **1 Chairman:** External Expert (outside of university) or Internal Expert (within the university, not in TGGS) or TGGS Program Lecturer; (2) **1 Member:** External Expert (outside of university) or Internal Expert (within the university, not in TGGS) or TGGS Program Lecturer; and (3) **1 Advisor:** Main Advisor (must be TGGS Program Lecturer) (option and Co-Advisor from the approved list, counting as one vote).*

<i>Member's Name with Academic Title</i>	<i>Work Office and Name</i> <small>(Provide either which program at TGGS, other faculty at KMUTNB, or outside KMUTNB)</small>	<i>Phone No./Email</i>
<b>Chairman:</b>		
<b>Member:</b>		
<b>Advisor:</b>		
<b>Co-Advisor:</b>		
<b>Co-Advisor:</b>		

To eligible for the examination, the student must fulfill all graduation requirement on the coursework. Completed coursework \_\_\_\_\_ credits

The following documents are submitted with this form:

- TG B54 Master Project Defense Examination's Abstract  
 Master Project Report for Defense Examination Committee Members  
 Examination Committee Member's Professional Qualification (CV with recent updates)  
 \_\_\_\_\_

*According to REM, with the examination result of the followings:*

- (1) "Pass", a student is required to submit one copy of the manuscript with signatures of all committee members immediately but no more than 15 days after the examination date.*
- (2) "Pass with revision", a student is required to revise according to the committee's comments and suggestions and submit one copy of the manuscript with signatures of all committee members immediately but no more than 30 days after the examination date.*
- (3) "Fail", a student who fails the first defense examination must submit a request form for retaking of the defense examination within the duration specified by the examination committee. Failure to comply within the specified time, the student will receive the grade "U" as the evaluation result for all registered credits of master project. The student must register the master project with a new topic and start the entire master thesis process. The duration of the study must be in accordance with the student's status conditions.*

*I do understand that all terms and conditions of the master project procedure set forth in the "TGGS Regulations for Examination Regulation of King Mongkut's University of Technology North Bangkok Concerning Master Degree Education (REM) of The Sirindhorn International Thai-German Graduate School of Engineering (TGGS)", the TGGS Student Handbook and KMUTNB Catalog that I have received, and that acceptance by me of this Agreement by The Sirindhorn International Thai – German Graduate School of Engineering (TGGS), King Mongkut's University of Technology North Bangkok (KMUTNB), constitutes a legal Agreement.*

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

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



**TGGS Program Coordinator and Curriculum Chairman APPROVAL**

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

<b>Request to check the following documents:</b> 1. Master Project Defense Examination's Abstract (TG B54 Form) 2. Master Project Report for correctness and completeness. 3. Examination Committee Member's Professional Qualification (CV with recent updates)		Program Secretary's Signature:  Date:
<b>TGGS Program Coordinator's Opinion:</b> <input type="checkbox"/> Approved. <input type="checkbox"/> Not Approved. <input type="checkbox"/> _____	Name:	Signature:  Date:
<b>TGGS Curriculum Chairman's Opinion:</b> <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:**  
Completed coursework \_\_\_\_\_ credits  
 Completed industrial internship on \_\_\_\_\_  
 Not Completed industrial internship. Expecting to complete the industrial internship on \_\_\_\_\_

<b>Chairman:</b>	<input type="checkbox"/> Qualified <input type="checkbox"/> Not Qualified <input type="checkbox"/> Approved by TGGS Committee on _____
<b>Member:</b>	<input type="checkbox"/> Qualified <input type="checkbox"/> Not Qualified <input type="checkbox"/> Approved by TGGS Committee on _____
<b>Advisor:</b>	<input type="checkbox"/> Qualified <input type="checkbox"/> Not Qualified <input type="checkbox"/> Approved by TGGS Committee on _____
<b>Co-Advisor:</b>	<input type="checkbox"/> Qualified <input type="checkbox"/> Not Qualified <input type="checkbox"/> Approved by TGGS Committee on _____
<b>Co-Advisor:</b>	<input type="checkbox"/> Qualified <input type="checkbox"/> Not Qualified <input type="checkbox"/> Approved by TGGS Committee on _____

The applicant is qualified to take the master project defense examination and the defense examination committee members are qualified.  
Please sign on the attached appointment of the defense examination committee.  
 To be considered  
 To be approved  
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Name:	Signature:  Date:
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**Approval of TGGS Associate Dean for Academic Affairs:**  
 Approved.  
 Approved with condition \_\_\_\_\_  
 Not Approved.  
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TGGS Associated Dean for Academic Affairs' Name and Signature:	Approved Date:
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