



**Request for Master Student Project Access Restriction
The Sirindhorn International Thai – German Graduate School of Engineering**

Date.....

Subject : Request for Master Student Project Access Restriction

To : TGGGS Dean

Name (Mr./Mrs./Miss).....Last Name.....

ID. No. □□-□□□□□□-□□□□-□

Master's Degree in Program,Department

Address :

Mobile : E-mail Address :

I have completed a master student project with the following details. Period:

Company:

Company address:.....

Telephone: Fax:.....

Project Title:

Company's Project Advisor:.....Position:.....

Telephone: E-mail Address:.....

TGGGS Project Advisor (TGGGS Lecturer):.....

Telephone: E-mail Address:.....

I wish to secure the entire work for a period of year (s) effective on (date):

For consideration because of (Please provide the Confidentiality Agreement or Request Letter as a proof document.)

Confidentiality Agreement with Company.....

University.....

Institute.....

Intellectual Property of Company.....

University.....

Institute.....

Please consider,

Student's Signature

(.....)

Remarks: Student who wish to restrict access to master student project, please complete and submit the master student project access restriction request form (TG. 48) on the same day that submit the master student project report to the CPE Program and TGGGS Academic Affairs. Afterward, this application will not be considered.



Advisor's Opinion

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Signature.....Advisor
(.....)

Coordinator's Opinion

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Signature.....Coordinator
(.....)

Head of Department's Opinion

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Signature..... Head of Department
(.....)

<u>TGGS Academic Affairs'</u>
<u>Memo</u>
<input type="radio"/> To be considered
<input type="radio"/> To be approved
<input type="radio"/>
.....

Approval of TGGS Associate Dean for Academic Affairs

- Approved
- Approved with condition.....
- Not approved
-

Signature..... Associate Dean
(.....)

Approval of TGGS Dean

- Approved
- Approved with condition.....
- Not approved
-

Signature..... Dean
(.....)