



Application for Thesis Defense Examination

The Sirindhorn International Thai – German Graduate School of Engineering

Date.....

Subject : Request for Thesis Defense Examination

To : TGGGS Dean

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

ID. No. - - -

Education level : Master's Degree Doctoral Degree

Program :Department.....

Address :

Mobile :E-mail Address :

The thesis title and proposal were approved on.....

Thesis progress examination passed on.....

I wish to take the thesis defense examination Date : Time :

Room No. : Building :

I have fulfilled all Graduate Regulation and curriculum requirements.....credits with GPA.....

Enclosed -.....copies of thesis for the examination committee and TGGGS Academic Affairs

Student's Signature

(.....)

Approved by Student's Advisory Committee

1.....Advisor Signature.....

2.....Co-Advisor Signature.....

3.....Co-Advisor Signature.....

Remarks: 1. Defense examination must be taken after the approval of thesis title at least 60 days for master degree student and at least 120 days for doctoral degree.

2. Students must submit TG.54 form together with this TG.04 form

Consent of Program Coordinator and Head of Department

The thesis has been checked.

For approval

For consideration because of.....

The Thesis Defense Examination Committee and TGGGS Representative are composed of

- 1. Name.....Academic/Administration Position.....
Office.....Phone No.....
- 2. Name.....Academic/Administration Position.....
Office.....Phone No.....
- 3. Name.....Academic/Administration Position.....
Office.....Phone No.....
- 4. Name.....Academic/Administration Position.....
Office.....Phone No.....

Department Academic Affairs' Officer:

Program Coordinator:

Head of Department :

Signature.....
(.....)
Date.....

Signature.....
(.....)
Date.....

Signature.....
(.....)
Date.....

Memo by the TGGGS Academic Affairs

To TGGGS Associate Dean for Academic Affairs

The applicant is qualified to take the thesis defense examination. Please sign on the attached appointment of the thesis examination committee.

Signature.....
(.....)
Date.....

Approval of TGGGS Associate Dean for Academic Affairs

Approved

Approved with condition.....

Not approved

Other

Signature.....
(.....)
Date.....