



SIRINDHORN INTERNATIONAL INSTITUTE OF TECHNOLOGY REQUEST FORM FOR INVITATION TO THESIS PRESENTATION

Name of Student: Mr. Ms. _____ **Student ID No.:** _____

Email: _____ Phone No.: _____

Affiliation: School of _____

Degree Sought: M.Sc. (Engineering and Technology) Plan A1 Plan A2
 M.Sc. (Management Mathematics) M.Eng (Engineering Technology)
 M.Eng (Information and Communication Technology for Embedded Systems)
 M.Eng (Logistics and Supply Chain Systems Engineering) Plan A2 Plan B
 Ph.D. (Engineering and Technology) Plan 1.1 Plan 2.1

Semester: 1st semester 2nd semester Summer Academic Year: _____

Presentation Topic: _____

Type of Presentation: Selected Topic Special Study
 Comprehensive Examination Qualification Examination
 Thesis Progress Thesis Proposal Thesis Final Defense

Date / Time: Date _____ Time _____ to _____

Venue: Room No. _____ Floor No. _____

Building _____ Campus _____

Type of Sending: By student
 By AS&R Hardcopy Electronic File

Advisor: _____

Signature _____ Date _____
(Advisor)

Committee Information:

1. Name: _____

Mailing Address: _____

E-mail: _____ Phone No.: _____

2. Name: _____

Mailing Address: _____

E-mail: _____ Phone No.: _____

Remark: If the student would like to send an invitation letter to an external committee member, please submit this form to the Academic Services and Registration Division (AS&R) at least 2 weeks before the presentation.