



SIRINDHORN INTERNATIONAL INSTITUTE OF TECHNOLOGY
THESIS REPORT RECEIPT FORM

Name of Student: Mr. Ms. Mrs. Student ID No.:

Affiliation: School of

Degree Sought: M.Sc. (Engineering and Technology) ****ID 54-55****
 M.Sc. (Engineering and Technology) Plan A1 Plan A2 ****ID 56 up****
 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)
 Ph.D. (Technology)
 Ph.D. (Engineering and Technology) Plan 1.1 Plan 2.1

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

Thesis Title:

Thesis Code:

Advisor Name:

Academic Services and Registration Officer

- A cover page with original signature
 - A CD of Thesis (download from TU e-Thesis System, file type: PDF)
 - A request form for non-disclosure of Thesis (if any)
- (แบบฟอร์มคำร้องไม่เผยแพร่วิทยานิพนธ์ สารนิพนธ์ และการค้นคว้าอิสระ ของหอสมุดแห่งมหาวิทยาลัยธรรมศาสตร์)

Signed Date
(AS&R Officer)