



SIRINDHORN INTERNATIONAL INSTITUTE OF TECHNOLOGY

THESIS PROPOSAL 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 **ID 54 up**

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

Thesis Title: _____

Assessment of Thesis Proposal

- Pass
- Not Pass, the proposal must be resubmitted and defended by date _____

Comments: _____

Name	Signature	Date
Advisor		
Co-Advisor (if any)		
Committee Member and Chairperson of Examination Committee		
Committee Member		
Committee Member		
Committee Member		

Remark: 1. At least 3 members for a master's degree. 2. At least 5 members for a doctoral degree.

Signature _____ Date _____
(Head of School)

Forward this form to the Academic Services and Registration Division (AS&R)

This has been recorded in the academic record. _____ Date _____

(Signed by AS&R Officer)