

**School of Food-Industry**

 **King Mongkut’s Institute of Technology Ladkrabang**

 **Approval for Thesis Title and Outline Request Form**

Date…………..Month…………………..Year……………

**Subject Approval for Thesis Title and Proposal**

# To Dean of School of Food-Industry

**Attachment A Copy of Thesis proposal**

 Name (Mr./Miss/Mrs.)………………………….……………………………………..Student ID…………..…...…………….…………..

Master Degree Student, subject field……………………………………………………..……………………………………………………………

School ………………………………………..……….………..Present Address……………………………….Road…………….…….…………….

Alley…………………………….……..Sub-district………………………….……….……District………………………………………….………………

Province………………………………..…..……Postcode…………………………………………….Tel………………..…………………...……………

Name of Thesis Advisor.....……………………………………………………………………………………..…………………..……………………….

Name of Thesis Co-Advisor (if any)………………………………………………………………………………………………..…………………….

I would like to submit the Thesis Title and Proposal name

…………….……………………………………………………………………………………………………………..………………………………………………….

………………………………………………………………………………………………………………………………………………………………………………..

Please be informed accordingly.

 Signature……………..…………………………… Student

 (………………………………………..)

|  |  |
| --- | --- |
| **Officer’s comment** | **Dean’s order** |
| To Dean | **Approved** |
|  Please be informed accordingly. |  |
|  ……………………………….. (Mrs.Siriporn Tankaew)) ………………………………  |  ……..……………………………….. (Assoc.Prof.Dr.Praphan Pinsirodom) ...................................... |
|  |  |

**Note** If the thesis title or thesis proposal is changed, the thesis advisor has to inform the student to submit the request every time.

**A Certificate from the Thesis Advisor**

 Date……..…..Month……………………Year……………….

Title Approval for Thesis Title and Proposa**l**

To Dean of Food-Industry

 Name………………………………………………………………………….……….…………....Thesis Advisor of

(Mr./Mrs./Miss)……………………………………………………………………..…..…… I have already verified the thesis title and outline and agreed to propose the thesis title and outline.

Please kindly consider the request.

 Signature…………………..…………….………

 (………………………………..………….)

Faculty……………………………………………Tel. ………………………………..

**A Certificate from the Co-Thesis Advisor**

 Date……..…..Month…………………….Year……………….

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 (………………………………..………….)

Faculty……………………………………………Tel. ………………………………..

**A Certificate from the Co-Thesis Advisor**

 Date……..…..month…………………….year……………….

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Please kindly consider the request.

 Signature…………………..…………….………

 (………………………………..………….)

Faculty……………………………………………Tel. ………………………………..