	Graduated Studies Office	
Received	no	

Date....../...... Time.....:

บศ.วศ.23



## Request Form for Approval of Thesis/ Independent Study Title (Plan B)

## School of Engineering

## King Mongkut's Institute of Technology Ladkrabang

			Date
Subject : Proposing Thesis/Diss	ertation Title		
To Vice Dean			
Student's name		Student	ID
O Master's Degree		O Doctoral Degree	
Major			
Address: No	Road	district	
			Iode
telephone		E-mail	
Thesis/Dissertation Title			
(THAI)			
(ENGLISH)			
Please be informed ac	ccordingly		
		Signature	(Student)
		(	)

Comments from Head of department	Signature			
Comments from Principal advisor	Signature			
Approved				
Signature				

(Professor.Dr.Uma Seeboonruang)

Vice Dean of School of Engineering