**Graduate Research Scholarships Application Form**

**Fiscal Year 2017**

------------------------

**Part 1: Student’s Profile**

1. Name-Surname Mr./ Mrs./ Miss ………………………………………………………………………...

2. Student Code…. …………….. Field of Study …………………….. Faculty ………………...………...

Admission in semester ….…… Academic Year …………….

3. Educational Level

 ( ) Doctoral Student Plan 1.1 ( ) Doctoral Student Plan 2.1

 ( ) Doctoral Student Plan 1.2 ( ) Doctoral Student Plan 2.2

 ( ) Master’s Degree Student Plan A Type A1 ( ) Master’s Degree Student PlanA TypeA2

 Field of Study

* Science and Technology
* Health Science
* Humanities and Social Science

4. Permanent address: House No…..… Village ……..….. Lane/ Alley……...…. Road……….................... Sub-district…………...…... District…………........…… Province…………...…… Postal code……….….. Telephone number (home)…………....….. (mobile)…………..……. E-mail ………………….…………..

5. Mailing address: House No…….… Village……....…..... Lane/ Alley…….… Road……………...…….. Sub-district ……………..……District…….……… Province………………....… Postal code………..…...

6. References Person’s name-surname ………………………………………………………………………

Address: House No…………… Village…….….….. Lane/ Alley……..……..... Road…………..….……. Sub-district…..………...… District…………………. Province …………...…….Postal code ……………. Telephone number (home)………….……… (mobile)…………………. E-mail………………..………….

7. Thesis Proposal

Thai Title ……………………….………………………………………………………................................. ……………………………………………………………………………………………………………...

English Title …………………………………………………………………………………………………. …………………………………………………………………...…………………………………………...

8. Research Proposal was approved by the Faculty of ………………………………… On (DD/MM/YY)

In the case of conducting research with humans, animals, or plants, the applicant should have approval from

* The Ethical Review Committee for Research in Human Subject on (DD/MM/YY)
* Animal Ethics Committee on (DD/MM/YY)
* Bio-safety Committee on (DD/MM/YY)
* In the approval process
* Others (Please specify)…………………………………………………………

9. Objectives of the research

 9.1 ……………………………………………………………………………...

 9.2 ……………………………………………………………………………...

 9.3 ……………………………………………………………………………...

10. Expected benefits

 10.1……………………………………………………………………………..

 10.2……………………………………………………………………………..

 10.3……………………………………………………………………………..

11. Progress of the research: While applying for the scholarship, the research was approximately ……………… percent complete.

12. Thesis Advisory Committee (specify academic position)

 1)…………………………………………………………….. Chairman

 Faculty……………………….Department……………………………………

 Phone number …………………………………Email………………………

 2)…………………………………………………………… Committee

 3)…………………………………………………………… Committee

13. Receiving study or research scholarships from other sources (In the case that you are in the application process for other scholarships, you will be deprived of this scholarship immediately.)

* Have never received any scholarships before
* Used to receive/ currently receive/ am pursuing other scholarship applications and expect to know the results (Please provide information)

|  |  |  |  |
| --- | --- | --- | --- |
| **Scholarship Name** | **Period** | **For expenses**(eg. Study fund, Research scholarship ) | **Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

14. Journal or other types of publications expected to distribute the research to public.

 1) …………………………………………………………………………

 2) …………………………………………………………………………

 3) …………………………………………………………………………

15. Estimating thesis expenses (excluding research durable objects, and researcher remuneration)

 1) Research objects ……….…….baht

 2) Expense for conducting the research (specify the detail) …….……….baht 2.1) ………………………………….

 2.2) ………………………………….

 2.3) ………………………………….

 3) Expense for Information Searching ……….……..baht

 4) Others ……….…….baht

 Total……………..baht

16. Budget asked for support from the Graduate School Total………..........baht

17. Other Explanation (if applicable)

.................................................................................................................................................................................................................................................................................................................................................................................................................................

It is certified that the above text is true in all aspects.

 (Signature) ……….………….

 (…………………….…………………)

 Applicant

 Date .…./ January / 2017

**Part 2 Confirmation from the chairman of thesis advisory committee or representative\*\***

**For Graduate Research Scholarships Applicants**

I, ……………………………………………….……….., the chairman of thesis advisory committee or representative of Mr./ Mrs./ Miss …………………………..……………. Student Code…………….…

Field of study ……………………………….………. Faculty ……………………….………………...

I certified that (Please tick 🗸in the blank that you consider the thesis of the applicant is of quality and has enough potential to carry out in one level or levels as follows.)

**1. Thesis Control**

* Applicant can finish the research in the time specified in the research proposal form, and I will conduct, supervise, monitor and give advice until the research project is finished.

**2. Thesis Publications:- This thesis can be…**

* 2.1 published in an accepted academic journal in the field.
* 2.2 published in the proceedings of a peer reviewed, conference, meeting.
* 2.3 published to the public in a form that is accepted in the field.

**3. Scholarships from other sources**

 If the student receives research scholarships or support from other sources, or is in the process of applying to other sources,

* No
* Yes, (Please specify scholarship title) …………………………......................

Amount …………………………Period……..………………………………

* In the process of applying to another source which is ……………………,

and expect to know the result within day……... month …….…... A.D. ..………..

**4. Confirmation**

* 4.1 It was certified that the budget required is right and reasonable.
* 4.2 It was certified that the thesis will be monitored and successful according to the objectives. The budget will be also spent properly and with quality.

 Sign …………………………. Chairman of Thesis Advisor Committee or Representative

 (…………………………………………….) Date ……./ January / 2017

\*\*Remark:- Representative is 1. Co-advisor

 2. The chairman of the graduate program management of the department