

Lecturer's Application Form

Graduate Scholarship for International Students Under the Double or Joint Degree Programs

1. Thesis Advisor's Personal Information

Name (First Name and Surname) Age (If lecturers are above 58 years of age, as of 1 October 2019, they must receive consent from their Head of Department allowing lecturers to use facilities and equipment until their international students graduate.)

Highest Education Level Advisor Code

Academic Title Department

Faculty Campus

Telephone Number Email

Name of Applicant Student Student's ID

2. Awards and/or Scholarships Received Record

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3. Publications in international journals in the last five (5) years, which must not be pieces of work that were written in order to complete your graduation (publications during the period 2014-2018 only), together with names of international journal database (ISI or Scopus) and their impact factors. Missing international journal database names or impact factors will result in uncategorized database or no impact factor of those publications.

Year	Author's Name	Title	Journal Title	Published in databases:	
				ISI (Please specify impact factor)	SCOPUS

4. Work experience as thesis advisor (list only work as chairperson/thesis advisor)

1) Master's degree: Number of students graduated, Number of students studying

2) Doctoral degree: Number of students graduated, Number of students studying

5. Confirmation from thesis advisor

1) I hereby certify that this student is not receiving full scholarships from any other source.

2) I am hereby willing to sign my name as a scholarship receiver, and I will pay monthly the scholarship received to the student.

6. I hereby certify that all aforementioned information provided in this application form is totally true.

Signature Applicant (lecturer)

(.....)

Date / / 2019

Student's Application Form

Graduate Scholarship for International Students Under the Double or Joint Degree Programs

1. International Student's Personal Information

Name (First Name and Surname) Age (As of 1 October 2019)
Student's ID Degree Master's Doctoral
Major Field: Major Field Code X..... Campus
Telephone Number Email
Name of Thesis Advisor Advisor Code

2. Academic Profile (Attached transcript is required)

Degree Acquired	Institute	Grade Point Average (GPA.)
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3. Title of thesis expected to be conducted (If any).

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- 4. I hereby confirm that I am willing to abide by the scholarship terms and conditions, that is, I am obliged to publish my thesis as announced in this scholarship announcement, before I can graduate.**
- 5. I hereby certify that all aforementioned information provided in this application form is totally true.**

Signature Applicant (student)
(.....)
Date / / 2019

Remark: Please attach a document stating that the student receives a tutorial fee waiver throughout his/her study period at Kasetsart University from his/her study program.