



## The Graduate School, Kasetsart University

### Biodata Form of Graduate lecturers (For Graduate Special Lecture)

Full Name:  Mr.  Mrs.  Miss .....

Nationality .....

Lecturer ID  
Completed by the Officer

Academic Position:

Professor  Associate Professor  Assistant Professor  Ajarn (No Academic Title)

ID card or Passport Number

Affiliation (University/Institution): .....

Doctoral Degree  Master's Degree  Doctorate Degree and Master's Degree

Program ..... Program Code ..... Faculty .....

Office Address or Residential Address

.....  
.....

Telephone:..... E-mail: ..... Line ID .....

Educational Qualifications:

Degrees	Year of Graduation
<b>Bachelor's Degree</b> Full Degree Name ..... Abbreviated Degree Name ..... Major Field ..... University ..... Country .....	
<b>Master's Degree</b> Full Degree Name ..... Abbreviated Degree Name ..... Major Field ..... University ..... Country .....	
<b>Doctoral Degree</b> Full Degree Name ..... Abbreviated Degree Name ..... Major Field ..... University ..... Country .....	
<b>Others</b> Full Degree Name ..... Abbreviated Degree Name ..... Major Field ..... University ..... Country .....	

The number of academic works published: ..... topics

- **Master's degree** Please specify academic works. **at least 5 pieces of works** published in a journal listed in a recognized database, which are directly related to or related to the thesis topic or independent studies.

- **Doctoral Degree** Please specify academic works. **at least 10 pieces of works** published in a journal listed in a recognized database, which are directly related to or related to the thesis topic or independent studies.

Specialized Fields .....

Areas of Interest .....

Signature .....

...../...../.....

**Remark:** 1. An electronic signature or digital signature can be used with this form.

2. Please submit the completed form in MS. Word format to fgrapca@ku.ac.th.

3. For further information, please contact Ms. Parichart at 085-315-3809



## The Graduate School, Kasetsart University

### Academic Works (For Graduate Special Lecture)

Journal..... Title(s)

Please specify: Author's name. Year of Publication. Title. **Journal's title.** Year (issue): Page/Number of Page.

Bibliography					
1. ....					
.....					
Database Name:	<input type="checkbox"/> ERIC	<input type="checkbox"/> MathSciNet	<input type="checkbox"/> Pubmed	<input type="checkbox"/> Scopus	<input type="checkbox"/> Web of Science
	<input type="checkbox"/> JSTOR	<input type="checkbox"/> Project Muse	<input type="checkbox"/> TCI Tier 1	<input type="checkbox"/> TCI Tier 2	
2. ....					
.....					
Database Name:	<input type="checkbox"/> ERIC	<input type="checkbox"/> MathSciNet	<input type="checkbox"/> Pubmed	<input type="checkbox"/> Scopus	<input type="checkbox"/> Web of Science
	<input type="checkbox"/> JSTOR	<input type="checkbox"/> Project Muse	<input type="checkbox"/> TCI Tier 1	<input type="checkbox"/> TCI Tier 2	
3. ....					
.....					
Database Name:	<input type="checkbox"/> ERIC	<input type="checkbox"/> MathSciNet	<input type="checkbox"/> Pubmed	<input type="checkbox"/> Scopus	<input type="checkbox"/> Web of Science
	<input type="checkbox"/> JSTOR	<input type="checkbox"/> Project Muse	<input type="checkbox"/> TCI Tier 1	<input type="checkbox"/> TCI Tier 2	
4. ....					
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Database Name:	<input type="checkbox"/> ERIC	<input type="checkbox"/> MathSciNet	<input type="checkbox"/> Pubmed	<input type="checkbox"/> Scopus	<input type="checkbox"/> Web of Science
	<input type="checkbox"/> JSTOR	<input type="checkbox"/> Project Muse	<input type="checkbox"/> TCI Tier 1	<input type="checkbox"/> TCI Tier 2	
5. ....					
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Database Name:	<input type="checkbox"/> ERIC	<input type="checkbox"/> MathSciNet	<input type="checkbox"/> Pubmed	<input type="checkbox"/> Scopus	<input type="checkbox"/> Web of Science
	<input type="checkbox"/> JSTOR	<input type="checkbox"/> Project Muse	<input type="checkbox"/> TCI Tier 1	<input type="checkbox"/> TCI Tier 2	
6. ....					
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Database Name:	<input type="checkbox"/> ERIC	<input type="checkbox"/> MathSciNet	<input type="checkbox"/> Pubmed	<input type="checkbox"/> Scopus	<input type="checkbox"/> Web of Science
	<input type="checkbox"/> JSTOR	<input type="checkbox"/> Project Muse	<input type="checkbox"/> TCI Tier 1	<input type="checkbox"/> TCI Tier 2	
7. ....					
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Database Name:	<input type="checkbox"/> ERIC	<input type="checkbox"/> MathSciNet	<input type="checkbox"/> Pubmed	<input type="checkbox"/> Scopus	<input type="checkbox"/> Web of Science
	<input type="checkbox"/> JSTOR	<input type="checkbox"/> Project Muse	<input type="checkbox"/> TCI Tier 1	<input type="checkbox"/> TCI Tier 2	
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Database Name:	<input type="checkbox"/> ERIC	<input type="checkbox"/> MathSciNet	<input type="checkbox"/> Pubmed	<input type="checkbox"/> Scopus	<input type="checkbox"/> Web of Science
	<input type="checkbox"/> JSTOR	<input type="checkbox"/> Project Muse	<input type="checkbox"/> TCI Tier 1	<input type="checkbox"/> TCI Tier 2	
9. ....					
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Database Name:	<input type="checkbox"/> ERIC	<input type="checkbox"/> MathSciNet	<input type="checkbox"/> Pubmed	<input type="checkbox"/> Scopus	<input type="checkbox"/> Web of Science
	<input type="checkbox"/> JSTOR	<input type="checkbox"/> Project Muse	<input type="checkbox"/> TCI Tier 1	<input type="checkbox"/> TCI Tier 2	
10. ....					
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Database Name:	<input type="checkbox"/> ERIC	<input type="checkbox"/> MathSciNet	<input type="checkbox"/> Pubmed	<input type="checkbox"/> Scopus	<input type="checkbox"/> Web of Science
	<input type="checkbox"/> JSTOR	<input type="checkbox"/> Project Muse	<input type="checkbox"/> TCI Tier 1	<input type="checkbox"/> TCI Tier 2	

**I certify that all information is true and correct.**

- Remark:**
1. An electronic signature or digital signature can be used with this form.
  2. Please submit the completed form in MS. Word format and PDF format to fgrapca@ku.ac.th.

Signed .....

(Dean, or Head of Department, or  
the Graduate Program Committee)