**Professor’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 professors are above 58 years of age, as of the application closing date, or professors who receive a permission to extend a civil service period or renew a contact over 60 years of age, they must obtain consent from their faculty or affiliation, allowing the selected professors 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 ………………………………

1. **Research grant projects that you have received financial support from agencies of Kasetsart University in the past 3 years.**

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**3. Publications in international journals, which must not be pieces of work that were written in order to complete your graduation, in the last 5 years (counting from 2021 to present), 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.**

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| --- | --- | --- | --- | --- | --- |
| **Year** | **Author’s Name** | **Title** | **Journal Title** | **Published in databases:** | |
| **ISI (Please specify impact factor)** | **SCOPUS** |
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**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 main scholarship receiver, and I will pay monthly the scholarship received to the student. I will stop pay monthly to the student in case he/she does not stay in Thailand more than 30 days.

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

Signature …………………………………………… Applicant (professor)

(…………………………….………………)

Date ……… /……………..…….… / ...........