

IL Form 07:

SCHOLARSHIP TO SUPPORT ACADEMIC PRESENTATION & PUBLICATIONS Institute for Innovative Learning, Mahidol University

Section 1: Applicant Inform	nation
Name – Surname:	Student ID:
Program of Study:	Ph.D. (plan []1.1[]2.1 []2.2)
	Master's (plan [] A2)
	Double Degree
Nationality: Thai F	oreign: E-mail:
Address:	
Mobile:	
Have you received this sch	
*Remark: The total funds for	conferences and publications per student cannot exceed 15,000
THB throughout an academi	c lifetime.
Seation 2 Channe Marrie Sal	

Section 2: Choose Your Scholarship Type

Conference [] Oral presentat	ion [] Poster presentation	I Virtual presentation
Work Title:		
Conference Name:		
Organized by:		
Conference Date:	to	
Conference Venue:		
City:	Country:	
Publication		
Work Title:		
Authors:		
Journal Name:		
Year	Vol:	Page
Published/Accepted Date:		

Section 3: Required Documents (please attached to this form)

- 1. A copy of the conference/publication acceptance letter
- 2. A copy of the work abstract
- 3. A copy of proceedings/A copy of manuscript
- 4. The details of conference/publication
- 5. Documents relating to all the expenses

(Registration fee, Invoice, Boarding pass, Receipts, Hotel folio, etc.)

- 6. A copy of the thesis committee appointment notification
- 7. Documents showing if the applicant supported by other scholarships (if any)
- 8. Registration documents (if any)
- 9. U Other documents (if any):

Section 4: Declaration

I HEREBY CERTIFY that the information provided in this form is complete, true and correct to the best of my knowledge. Further, I HEREBY CONSENT the Institute for Innovative Learning, Mahidol University, to collect, use and process my personal information under my rights of the Thailand's Personal Data Protection Act B.E. 2562 (2019) and other applicable laws.

I HEREBY DECLARE AND AFFIRM to use these funds exclusively for the purpose of conference attendance and/or the publication of academic articles directly related to my field of study, and not for any other purposes. I understand and agree that any misuse of these funds for purposes other than those specified may result in legal consequences as prescribed by relevant laws. I acknowledge full responsibility for any such consequences, irrespective of the circumstances.

I HEREBY CERTIFY that I have not received any other scholarship with purposes similar to this scholarship from any other sources. I understand that providing false information may result in disqualification from consideration for the scholarship or revocation of any scholarship awarded. The program committee reserves the right to verify the information provided, and I acknowledge that such verification may include contacting relevant institutions or organizations. By signing this form, I acknowledge that providing false information may have serious consequences."

Signature of Applicant		 	
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Date (Date/Month/Year	ſ):	 	

(To be filled out by staff, advisor, and the program director) Section 5: Comments & Approval

For Education Staff			
All Documents are Complete	All Documents are Completed and Correct		
Incomplete:			
Signature:	Date (Date/Month/Year):		
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Major Advisor's Opinions:		
Signature:	Date (Date/Month/Year):	
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The Program Director's Comments & Approval:		
APPROVED	REJECTED	
Signature:	Date (Date/Month/Year):	
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