



IL Form 08:
Thesis Support Scholarship Application Form
Institute for Innovative Learning, Mahidol University

Section 1: Applicant Information

Name – Surname: **Student ID:**

Program of Study: Doctoral degree
 Master’s degree
 Double degree

Nationality: Thai Foreign:.....

E-mail:..... **Mobile:**

Major Advisor:

Thesis Title:.....

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This project is a partial fulfillment of the requirements for the degree of
 Master of Science *or* Doctor of Philosophy in Science and Technology Education
(International Program), Institute for Innovative Learning, Mahidol University.

Section 2: Required Documents (please attached to this form)

1. Administrative Order: Title of Thesis and Thesis Advisory Committee
2. Research Supply Fee Payment Receipt
3. Grade Report

Section 3: Estimated Budgets

รายการ/กิจกรรม (Item/Activity)	งบประมาณที่เสนอขอ (Proposed budgets)		งบประมาณที่ควรได้รับการ จัดสรรโดยคณะ กรรมการบริหารหลักสูตร (Approved budgets by the program committee)
	ต่อหน่วย (Per unit)	รวม (Total)	
หมวดค่าตอบแทน (Compensation)	<p><i>[For example]</i></p> <ul style="list-style-type: none"> • Compensation for 3 experts validating the content (5 days × 500 THB × 3 Experts) • Compensation for software development by programmer (10 days × 1,000 THB) • Compensation for research assistants during data collection (2 persons × 2 days × 500 THB) <p style="text-align: right;"><i>Subtotal</i></p>	<p><i>[For example]</i></p> <p style="text-align: right;">7,500 THB</p> <p style="text-align: right;">10,000 THB</p> <p style="text-align: right;">2,000 THB</p> <p style="text-align: right;">19,500 THB</p>	
หมวดค่าใช้จ่าย (Miscellaneous Expenses)	<p><i>[For example]</i></p> <ul style="list-style-type: none"> • Costs for photocopying forms used for data collection, including photocopying questionnaires, and research tools. • Costs for posters for research advertisement printing/recruiting (1,000 THB/poster × 2) <p style="text-align: right;"><i>Subtotal</i></p>	<p><i>[For example]</i></p> <p style="text-align: right;">2,500 THB</p> <p style="text-align: right;">2,000 THB</p> <p style="text-align: right;">4,500 THB</p>	
หมวดค่าวัสดุ (Materials) (โปรดระบุจำนวนและ รายละเอียด Please specify the amounts and details)	<p><i>[For example]</i></p> <ul style="list-style-type: none"> • Materials (please specify) • Refreshments for participants (20 baht × 50 persons × 2 days) • <p style="text-align: right;"><i>Subtotal</i></p>	<p><i>[For example]</i></p> <p style="text-align: right;">20,000 THB</p> <p style="text-align: right;">2,000 THB</p> <p style="text-align: right;">22,000 THB</p>	
Overall Amount		46,000 THB	

Remark: You may propose an estimated budget as needed; however, the disbursement shall not exceed 20,000 THB for M.Sc. students and 40,000 THB for Ph.D. students, as outlined in the Criteria and Rates for Providing Thesis Support Scholarships, Fiscal Year 2025 B.E. 2567 (A.D. 2024).

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 ACKNOWLEDGE AND AGREE to use the thesis support scholarship exclusively for the completion of my thesis and not for any other purposes. Failure to adhere to this agreement may result in legal consequences as prescribed by relevant laws, and the undersigned accepts full responsibility for any such consequences, regardless of circumstance.

Signature of Applicant:

(.....)

Date (Date/Month/Year):.....

Major Advisor's Opinions:

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.....

Signature: **Date (Date/Month/Year):**.....

(.....)

Section 5: Comments & Approval

(To be filled out by staff and the program director)

For Education Staff

All Documents are Completed and Correct

Incomplete:

.....
.....

Signature: Date (Date/Month/Year):.....
(.....)

The Program Director's Comments & Approval:

.....
.....

APPROVED

REJECTED

Signature: Date (Date/Month/Year):.....
(.....)