

GR.SS.14



Application Code: .....

Innovative Thesis Award Application Form  
Faculty of Graduate Studies, Mahidol University Academic Year 2019

1. Applicant

- Current student Student ID: \_\_\_\_\_
- Graduation on the academic year  2016  2017

2. Degree  Master's  Doctoral

3. Program  Regular  International  Special Program

Program Name \_\_\_\_\_

4. Nominated Innovation Title:

English: \_\_\_\_\_

\_\_\_\_\_

Thai: \_\_\_\_\_

\_\_\_\_\_

5. Rationale and Importance of innovation

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

6. Objective(s)

\_\_\_\_\_

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\_\_\_\_\_

7. Duration (starting with year and/or month)

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8. Budget (please identify the amount and the source of scholarship, if any)

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9. Features of Nominated Innovation (including contribution, applicability, etc)

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10. Publication regarding Innovation

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11. Student Details

Title: (Mr/ Ms/Miss) \_\_\_\_\_ Family name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Field of study/Major: \_\_\_\_\_

Faculty/Institute/College: \_\_\_\_\_

Official Graduation Date: \_\_\_\_\_

Degree obtained: \_\_\_\_\_

Job Title: \_\_\_\_\_ Position: \_\_\_\_\_  
Name of Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Province/City: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Tel No.: \_\_\_\_\_ Fax No. \_\_\_\_\_  
Mobile No.: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_  
Province/City: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Tel No.: \_\_\_\_\_ Fax No. \_\_\_\_\_  
Mobile No.: \_\_\_\_\_ E-mail address: \_\_\_\_\_

#### 8. Thesis Major Advisor Details

Title: (Prof./Assoc.Prof./Asst.Prof./Dr.) \_\_\_\_\_  
Family name: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Department: \_\_\_\_\_ Faculty/Institute/College: \_\_\_\_\_  
Address: \_\_\_\_\_  
Province/City: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Tel No.: \_\_\_\_\_ Fax No. \_\_\_\_\_  
Mobile No.: \_\_\_\_\_ E-mail address: \_\_\_\_\_

#### 9. Program director Details

Title: (Prof./Assoc.Prof./Asst.Prof./Dr.) \_\_\_\_\_  
Family name: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Department: \_\_\_\_\_ Faculty/Institute/College: \_\_\_\_\_  
Address: \_\_\_\_\_  
Province/City: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Tel No.: \_\_\_\_\_ Fax No. \_\_\_\_\_  
Mobile No.: \_\_\_\_\_ E-mail address: \_\_\_\_\_

\_\_\_\_\_  
(Mr/ Ms/Miss \_\_\_\_\_)

Signature of Applicant

Date: \_\_\_\_\_

Certify details according to the application form and details about the thesis and approved the proposal for outstanding Innovation Thesis Award from the Graduate School, Mahidol University.

\_\_\_\_\_  
(Prof./Assoc.Prof./Asst.Prof./Dr. \_\_\_\_\_)

Signature of Thesis Major Advisor

Date: \_\_\_\_\_

\_\_\_\_\_  
(Prof./Assoc.Prof./Asst.Prof./Dr. \_\_\_\_\_)

Signature of Program Director

Date: \_\_\_\_\_

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