

Application Form

Seminar on “Informed Consent”

Tuesday, September 30th, 2009 At 10.00 A.M. - 12.00 P.M.

Conference Room, Room 408, 4th Floor,

The Faculty of Graduate Studies (Salaya)

Master’s degree Doctoral degree Major

Faculty / Institute / College

Names of Participants:

Lecturers

1. Prof. / Assoc. Prof. / Asst. Prof. / Lecturer / Dr.
2. Prof. / Assoc. Prof. / Asst. Prof. / Lecturer / Dr.
3. Prof. / Assoc. Prof. / Asst. Prof. / Lecturer / Dr.
4. Prof. / Assoc. Prof. / Asst. Prof. / Lecturer / Dr.

Students (Please specify Student ID numbers and Names)

1. /
2. /
3. /
4. /

Name of a coordinator who the Faculty of Graduate Studies can contact:

Name: Tel:

Mobile phone: Fax:

E-mail

Signature

Date/...../.....

Please return this form to the Office of Research and Academic Services Section, the Faculty of Graduate Studies **within Wednesday, September 24th, 2008** by mailing it to the address on the back form or by sending it via fax number 0-2441-9446.

The Research and Academic Services Section , **2th Floor,**
The Faculty of Graduate Studies (Salaya)