

Application Form - Teaching Assistant Scholarship Faculty of Science, Mahidol University

Semester/Academic year: 1/2024

Sch	olarship Type	☐ Teaching Assis	tantship (Monthly)	
		☐ Students Assist	tantship (Hourly)	
Name-Surname (Thai) (English		sh)sh		
	Student ID.	,		
	☐ M.Sc. ☐ Ph.D.	Field of study	Department	
Cumulative GPA.				
	Telephone (campus)		(Mobile)	
	E-mail address	ail address		
2.	Do you currently receive any academic scholarship or financial support?			
No, I do not receive any academic scholarship. Yes, I receive the scholarship of			arship.	
	Amount (Baht)	Amount (Baht) until		
3.	Do you currently receive monthly salary from your work? (Government / Private Organization)			
	No, I do not re	ceive monthly salary.		
Yes, I receive monthly salary.				
4.	MU Labpass Test			
	Not passed			
Passed, D		ate taken:		
5. Biosafety and/or Chemical Safety Training				
	Never attend any training Biosafety training on			
	Chemical safet	Chemical safety training on		
			I certify that the above statements are true and correct	
			Name	
			()	
			Student	
			Date	
Name			Name	
() Major Advisor/Program Director Date			()	
			Department Chairperson	
			Date	