



## Application Form - Teaching Assistant Scholarship Faculty of Science, Mahidol University Semester/Academic year: 2/2025

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