



Application Form for Partial Scholarship for Thesis Registration Fee

Graduate Programs in Biochemistry (International Program)

Faculty of Science, Mahidol University

Full Name .....

Student ID .....  Master's Degree  Doctoral Degree

Mobile Phone .....

E-mail Address .....

Major Advisor .....

Scholarship  (please specify) .....

none



Register in Thesis/Dissertation for the first time in the semester ..... academic year .....

I, hereby, certify that the information above is true.

(signature) .....

(.....)

Student

Date .....

(signature) .....

(.....)

Major Advisor

Date .....

(signature) .....

(.....)

Program Director

Date .....