**Master of Science Program in Nutrition and Dietetics (International Program)**

**Application Form for Thesis Research Support**

Name………………………………………………………………….… Student I.D. umber……………………………………….

Contact address…………………………………………….……………….……………………………………….………..…………..

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Tel. ………………………………………………….……… e-mail……………….…………………………………..…………………..

Major advisor name……………………………………………………………….………………………………………………………..

Objective for applying thesis research support

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Amount………………………………..…… Baht (Baht text………………………………………...........…………………………)

 This is the first time I apply for this thesis research support.

 I have ever applied this thesis research support, and

this is the  2nd  3rd  4th  5th time or  Other please specify……….............................

Detail for the past thesis research support applying

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| --- | --- | --- | --- |
| No. | Item | Amount (Baht) | Receiving date |
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I hereby declare that the above statement is true.

Signature………………………………………………………………………….

Date………………………………………………………………...

Comment of the Major Advisor

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Signature………………………………………………………………………….

Date………………………………………………………………...

**Note** The student must submit **ED-02 Payment Request Form** along with this application form.