

**Application for Graduate Student Potential Development Scholarship,**

**School of Pharmacy**

**Academic Year 2023-2024 (For non-Thai students)**

#### Part 1

#### General information of the applicant

####  Name-Surname Mr./Mrs./Miss……………………………..………………………..Age..............................years

####  Address (During study at Walailak University) ....................................................................................................................................................................................................................................................................................................................................................................................

#### ..........................................................................................................................................................................................

#### .......................................................................................................... Postal code................................................

#### Passport no.....................................................Expiry date.....................................................................

#### Issued by............................................................... Country………………………….………….…………………….

#### E-mail ...................................Telephone number (mobile)...............................................................

#### Educational status and scholarships.

#### Currently studying at the graduate program, School of Pharmacy, Walailak University

 Student ID......................................Semester/Year of entry.....................................

 🗆 Master program [ ] Plan A1 [ ] Plan A2

 🗆 Ph.D. program [ ] Type 1.1 [ ] Type 1.2

#### Details of the training/ field study/ research conference

#### Type of activity which the student would like to participate

❒ **Training**, Topic..............................................................................................................................................................

Organized by.................................................................................................................................................................. Venue.....................................................................City/Province..........................................Country.......................

 ❒ **Field study**,Topic.........................................................................................................................................................

Organized by.................................................................................................................................................................. Venue.....................................................................City/Province..........................................Country......................

 ❒ **Researh conference**

 ❒ Poster presentation ❒ Oral presentation

Name of the conferenece.........................................................................................................................................

Organized by..................................................................................................................................................................

Venue.......................................................................City/Province........................................ Country.....................

#### Period of activity

From (Date/Month/Year) .......................... to.......................... Total .............days ...............nights

#### Please attach (1) the schedule of the training/ field trip/ research conference and (2) details of the expenses or estimated cost for those activities for consideration.

**I hereby certify that the above statement is true in all respects. If it is found that the statement is not true, I permit to be disqualified from applying this scholarship. Furthermore, if latter evidence of falsification is found, I permit the suspension of funding and will repay the fund.**

 Signature……………………………………………………applicant

 (…………………………………………………..)

 Date…………Month…………….Year……………….