

## Application Form

### Advanced Data and Statistical Analysis Consultation (STAT Clinic) for Graduate Students

#### Student Information

Title ..... Name ..... Last Name .....

☐ Master's ☐ Ph.D. student Student Code .....

Program .....

Phone No. .... E-mail address .....

Title of the Thesis Work: .....

.....

#### Expert Information (expert's cv enclosed for consideration)

Title ..... Name ..... Last Name .....

Affiliation: .....

Budget requested: .....Thai baths (Consultation time: ..... hours)

The student has successfully passed the thesis proposal examination on .....

and is eligible to apply for participation in the “Advanced Statistical Data Analysis Consultation (STAT Clinic)” under the “Graduate Student Academic Quality Development Project”.

#### Level of Urgency:

- ☐ Normal—Standard academic progress
- ☐ Urgent – Study period has exceeded the program's prescribed study duration
- ☐ Critical—At risk of disqualification within the current semester

#### Principal Thesis Advisor's Opinion:

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Signature ..... Principal Thesis Advisor

( ..... )

Date .....

#### Graduate Program Executive Committee (GPEC)— Opinion

- ☐ Approved
- ☐ Not Approved due to .....

Signature ..... Chair of Graduate Program Executive Committee

( ..... )

Date .....

### Student Declaration

I hereby declare that the information given above is true.

Signature ..... Student Applying to Join the Project

( ..... )

Date .....

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### Document Checklist:

☐ A completed application form, including:

☐ Opinion and signature of the principal thesis advisor

☐ Approval of the GPEC and signature of the committee chair

☐ Expert's Curriculum Vitae (CV)

☐ A payment voucher and a copy of the national ID card from the expert

Signature ..... Graduate Education Administration Officer

( ..... )

Date .....

### Graduate Education Executive Committee (GEEC)— Opinion

☐ Approved

☐ Not Approved due to.....

Signature ..... Chair of Graduate Education Executive Committee

( ..... )

Date .....