



Bachelor of Science in Biotechnology (International Program)
Faculty of Science, Chulalongkorn University
Academic Year 2024
Scholarship Confirmation Form
Scholarship for Financial Support

Applicant Information

Title Mr. Miss First name

Last name

Thai ID card/ Passport number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Accept/ Decline Offer

- I intend to receive the scholarship from the B.Sc. in Biotechnology (International Program).
- I DO NOT intend to receive the scholarship from the B.Sc. in Biotechnology (International Program).

Acknowledgement Agreement

Scholarship for Financial Support

I hereby acknowledge and agree to the following conditions set forth by the BBTech Program for the receipt of the scholarship:

1. I agree to actively participate in program activities and work in the Academic and Student Affairs or as assigned by the Faculty of Science for 30 hours per semester.
2. I agree to adhere to all university regulations and maintain good conduct. I understand that any disciplinary action taken against me may result in the termination of the scholarship.
3. I acknowledge that the scholarship does not cover additional fees such as health insurance for international students or any other incidental expenses.
4. I acknowledge that the scholarship will cover tuition fees for 1 academic year (2 semesters excluding summer sessions). If I choose to enroll in the summer session, I will be responsible for paying all tuition fees myself.
5. I understand that the scholarship period will not be extended except for health issues or with approval from the Faculty of Science.
6. I affirm that I will not receive any other scholarships or financial aid that covers tuition fees from other sources.
7. I agree to report my performance every semester during the scholarship receiving period.

I have read, understand, and agree to the BBTech scholarship conditions.

Certification: I certify, by my signature, that all the information provided in this scholarship application is complete and accurate to the best of my knowledge. I agree to abide by all rules and regulations of Chulalongkorn University. I acknowledge that any falsification of information or intentional omission may result in the scholarship being revoked and that I may be required to repay any funds received.

Signature (.....) Applicant
Date