

Application Form for Educational Instructional Media
Thammasat Secondary School, Faculty of Learning Sciences and Education,
Thammasat University
Fiscal Year B.E. 2569 (A.D. 2026)

Part 1: Educational Instructional Media Information

1. _____ Name : _____

2. **Project Team** (Please provide biodata for all developers in the team in Part 2)

1. Project Leader

Academic title and full name _____

Affiliation _____ Involvement in the work _____ %

2. Co-developer

Academic title and full name _____

Affiliation _____ Involvement in the work _____ %

3. Types of Media

Handmade Media : _____

Digital Media : _____

Please provide a brief description of the media

4. Background and Rationale

5. Target groups

6. Objectives of Educational Instructional Media

- 1) _____
- 2) _____
- 3) _____

7. Approach to Using Instructional Media in Teaching and Learning

8. Learning Outcomes and Anticipated Impacts of the Educational Instructional Media

9. Subjects/Learning Areas for application

10. Education Instructional Media Duration

Please specify the duration from approval date to the completion of the learning media

Total Period _____ Year. _____ Month.

Start date _____ completion date _____

11. Education Instructional Media Schedule

No	Activities	Duration (months)												Percent Complete	
		1	2	3	4	5	6	7	8	9	10	11	12		
Total															100

12. Education Instructional Media Budgets

Budget items	Detail	Budget (baht)
1. Expenses 1.1 Direct Cost 1.1.1 Photocopying charges 1.1.2 Equipment Rental fee 1.2 Materials 1.2.1 Materials and Equipment 1.2.2 Office equipment and compute		

There is no limitation on requesting financing from sources other than Thammasat Secondary School to contribute to the research under this research project proposal. However, the researcher must clearly state the percentage of this funding.

I hereby certify that :

I affirm that the creation and development of the educational media will be carried out solely by myself.

The educational media is aligned with the curriculum content of the grade level in which the applicant is conducting their teaching practicum.

The applicant is available to attend all required progress presentations.

I don't have any unfinished research with Thammasat Secondary School or the Faculty of Learning Sciences and Education, Thammasat University.

If the process cannot be completed within the specified time period or according to the period of time approved for extension, I hereby waive my right to receive the remainder of the research project grant. and return the money received to Thammasat Secondary School or Thammasat University immediately. If I don't return the full amount, I agree to have it deducted from my salary or other income. This is in accordance with the contract signed with Thammasat Secondary School.

Signed _____

(_____)

Grant Applicant

Date _____

Signed _____

(_____)

Chairperson of the Research Committee

Thammasat Secondary School,

Thammasat University

Date _____

Part 2: Researcher's Biodata (Project Leader/Co-developer)

1. Name and Surname _____

2. Commencement of Duties _____

Position _____ Level _____

3. Contact Information

Office Phone _____ Home Phone _____

Mobile Phone _____ E-mail address _____

4. Education

Year	Education Level	Degree/Certificate	Major	Institution Name	Country

5. Field of Expertise

I hereby affirm that the information provided above is complete and truthful in all respects

Signed _____

(_____)

Date _____