

Research Project Proposal for Educational Instructional Media Grants

Thammasat Secondary School

Fiscal Year 2027 (B.E. 2570)

Part 1: Instructional Media Details

1. Title of Instructional Media

- (in Thai) _____
- (in English) _____

2. Project Team Information (Please specify the background of all members of the Project team.)

2.1 Lead Developer

- Academic rank, First Name - Last Name:

- Primary Affiliation:

- Contribution (%):

2.2 Co-developer

- Academic rank, First Name - Last Name:

- Primary Affiliation:

- Contribution (%):

3. Type of Media (choose one)

- ☐ Handmade Media, please specify _____
- ☐ Digital Media, please specify _____

Media Features and Usage Overview

4. Background and Significance of the Problem

5. Target Audience

6. Media Development Objectives

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

7. Pedagogical Integration Plan

8. Expected Student Learning Outcomes and Deliverables

9. Target Courses, Subject Areas, and Educational Activities

10. Total Project Duration:

Starting from the signing of the grant agreement and ending with the completion of the final media.

Duration of the project is:

- year(s)
- _____ month(s)
- Start date: _____
- End date: _____

11. Media Project Schedule and Work Plan

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

12. Budget

Budget Type	Details	Budget (Baht)
1. Expenses 1.1 Category: Expenses 1.1.1 Printing and Document Duplication 1.1.2 Equipment Rental Fees 1.2 Category: Material Costs 1.2.1 Materials/ Supplies Cost 1.2.2 Office Supplies/Computer Supplies		
Total		

The applicant hereby certifies that:

1. The Applicant has no outstanding research obligations to Thammasat Secondary School or the Faculty of Learning Sciences and Education, Thammasat University.
2. The Applicant is not currently on full-time study leave, academic leave, or temporary assignment/secondment to another agency throughout the grant period.
3. The instructional media submitted in this proposal is the original work of the Applicant.
4. The developed media directly corresponds to the subjects and learning areas within the Applicant's assigned teaching grade level.
5. The Applicant is able to attend all scheduled progress presentation sessions.
6. If the Applicant is unable to complete the media development project within the specified timeframe or any approved extension period, the Applicant agrees to waive all rights to the remaining award amount and immediately refund all funds previously received to Thammasat Secondary School. If the Applicant fails to refund the full amount, the Applicant authorizes Thammasat Secondary School to deduct the outstanding balance from the

Applicant's salary or other income payable by Thammasat University or Thammasat Secondary School, pursuant to the terms and conditions of the agreement entered into between the Applicant and Thammasat Secondary School.

7. If the Committee deems that the quality of the work does not reach the appropriate level and has any suggestions for improvement, the Applicant agrees to revise the work in accordance with the Committee's suggestion. The Committee's decision shall be final.

8. The Applicant acknowledges the Thammasat Secondary School Announcement, regarding Criteria and Methods for Granting the Educational Instructional Media Grants, B.E. 2570.

Signed _____

(_____)

Lead Developer

Date _____ Month _____ Year _____

Signed _____

(_____)

Chairman of the Research Promotion
Committee

Thammasat Secondary School,

Thammasat University

Date _____ Month _____ Year _____

Part 2: Project Team Profile and Qualifications (Lead Developer/Co-developer)

1. Academic Rank, First Name - Last Name:

(In Thai) _____

(In English) _____

2. Date of Employment (Government Officer/University Staff)

● Position: _____

● Job Grade Level: _____

3. Contact Information

● Phone No. (office): _____

● Phone No. (home): _____

● Mobile phone No.: _____

● E-mail address : _____

4. Educational Background

Year of Graduation	Level of Education	Degree Earned	Major	Name of Institution	Country

5. Fields of Specialization

I hereby certify that the information provided above is true, accurate,
and complete in every respect.

Signed _____

(_____)

Date _____ Month _____ Year _____