

Official Use Only
Research Grant No.
Research Project No.

Assumption University Research/Creative Grant Submission Form

Research Title					
Project Duration					
Researcher(s) Name	1.	(Princi	ple Researcher)	I.D.	
	2.	(Co-R	esearcher)	I.D.	
	3.	(Co-R	esearcher)	I.D.	
Faculty /Department	Dept.				
Email / Tel.	Tel.				
Budget Disbursement Proces	s:				
Total Amount Granted					
Signature		Signature	(Principl) e Researcher	
Researcher must contact OFM and brings these document with you. 1. Project Budget Form (Please contact your Dept. for a Project Budget Form.) 2. A copy of Research Grant Contract 3. Project Proposal		Signature	(Asst. Prof. Dr. W Chairman, AU Cor	arayuth Sriwarakuel) J Research Support mmittee	
		Researcher must remit and cle	ar all receipts at I	Financial Dept.	
Process Flow OHRM	OFM	IRAS □ OFM	IRAS [_	