

Assumption University
Application Form for Reimbursement of Publication Fee
Duration: June 1, 20.... – May 31, 20....

Name-Surname: **ID no.**.....
Department: **Faculty**.....
Telephone: **E-mail**.....

Details of publication:

Author (s)	
Title	
Journal/Proceedings/Exhibition	
Publication Fee (Baht)	

Publication Criteria: The quality levels for dissemination of creative works

Creative works Dissemination	Weight	Check Box
Creative works reviewed by well-known scholars and disseminated at the national level.	0.60	<input type="checkbox"/>
Creative works reviewed by well-known scholars and disseminated at the international joint project level.	0.80	<input type="checkbox"/>
Creative works reviewed by well-known scholars and disseminated at the ASEAN /international level.	1.00	<input type="checkbox"/>

Publication Criteria: The quality levels for publication of academic works

Research articles/Academic articles Publication	Weight	Check Box
- Academic works with <u>petty patent</u> .	0.40	<input type="checkbox"/>
- Research or academic articles published in journals listed in the <u>TCI database (Tier 2)</u>	0.60	<input type="checkbox"/>
- Research or academic articles published in journals listed in the <u>TCI database (Tier 1)</u>	0.80	<input type="checkbox"/>
- Research or academic articles published in national journals listed in the international databases listed in OHEC's Announcement on Criteria for Selection of Academic Journals for Publication of Academic Work B.E. 2562 - Academic works with patent - Discovery of new plants, animals which are registered	1.00	<input type="checkbox"/>

Remark:

1. Use one form for each publication.
2. This form must be submitted together with the following documents:
 - a. a copy of published research/academic article
 - b. a copy of the acceptance letter along with the payment details

I hereby certify that the above information is true, and the work is not part of my thesis.

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Fund Receiver
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(Dr. Preecha Methavaraphak)
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Approved by

(Rev. Bro. Dr. Verayuth Boonpram)
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Fund Provider