COVID-19 Financial Assistance Request Form for Thammasat Students

Applicant information

Name		Surn	ame			
Phone number		Email				
Student ID	Faculty/College/Institute					
				Year of Program Study		
Date of Positive	Covid-19 Test	Result				
) test report		
	-			-		
Name of the ner	son sooking t	hia financia	loccictor	a		

Name of the person seeking this financial assistance

Name	Surname
Phone Number	Email
Relationship to the applicant with a po	ositive COVID-19 test result:

- () I am submitting the application for myself
- () Legal Heir
- () Authorized Person on behalf of the applicant
- () Dean or delegated authority
- () Other (please specify)

I hereby certify that the above statements and all supporting documents are true and correct. I understand that Thammasat University reserves the right to grant, vary or reverse any decision made on the basis of availability of the funding, or for inaccurate, incomplete or false information.

> (.....) Date

Remark: This form must be completed and enclosed with the following documents:

- 1. Certificate of positive COVID-19 test result and date of issue
- 2. Copy of the applicant's ID card
- 3. Copy of the student's ID card
- 4. Copy of the bank book whose account owner is the student. The following bank books are not accepted: Government Savings Bank, Government Housing Bank, Bank for Agriculture and Agricultural Cooperatives, Thammasat University Savings and Credit Cooperative, Ltd.

All copies of documents must be certified as a true copy.

Please submit this completed form with the above required documents online via the Thammasat Student Affairs website at sa.tu.ac.th