**Letter of Intent to Request Article Processing Fees Grant**

**ค่าตีพิมพ์**

Date ........... Month.....................................Year...................

➀ Applicant Information

* 1. First Name – Last Name .........................................................................................................................................................
  2. Affiliate: (Department/ Division) ....................................... Faculty/ College/ Institute ................................................
  3. Authorship of Article 🞎 Corresponding Author 🞎 Co-Corresponding Author

🞎 First Author 🞎 Co-First Author

➁ Article Information\*

(\*Please attach an acceptance letter from journal and journal quartile information)

2.1 Title of Article......................................................................................................................................................................................

2.2 Publication Journal............................................................................................................................................................................

2.3 Types of Article 🞏 Original Article 🞏 Review Article

2.4 Subject Category Related to the Article.......................................................................................................................................

2.5 The article is the part of the graduation of Mahidol University’s program? 🞏 Yes 🞏 No

2.6 The article is work produced under a research project? 🞏 Yes (Please provide more detail.) 🞏 No

Name of Project ........................................................................................................................................................................................

Funding Agency .................................................... granted in the year .................................... under contract No. ......................

➂ Please check 🗹 all items to acknowledge conditions.

🞎 I affirm that the article is not granted article processing fees in part or in full from other organizations inside and outside the University and If I received article processing fees from Mahidol University, I would not submit this article for requesting article processing fees grant from any institutions or projects.

🞎 If the University found that the applicant and/or the article does not meet criteria specified by the University and the University reclaims money and expenses incurred from granting article processing fees, I hereby promise to refund an article processing fees grant (in full amount) to the University within 30 days from the date receiving the notification from the University. If I cannot refund such money in the time specified, I hereby give consent to the deduction of my salaries, wages, military pensions, gratuities, pensions, or other money that I would be entitled to receive from the University, to make a full refund immediately and give consent to pay interests to the University in the rate of 5% per year. If it is failed to do so, I hereby give consent to the University to take legal actions.

➃ Consent

I, ....................................................................................................., as the

🞎 Corresponding Author 🞎 Co-Corresponding Author 🞎 Co-Author

🞎 First Author 🞎 Co-First Author

Signature ........................................................................ Consenter

( )

I, ......................................................................................................, as the

🞎 Corresponding Author 🞎 Co-Corresponding Author 🞎 Co-Author

🞎 First Author 🞎 Co-First Author

Signature ........................................................................ Consenter

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I, ....................................................................................................., as the

🞎 Corresponding Author 🞎 Co-Corresponding Author 🞎 Co-Author

🞎 First Author 🞎 Co-First Author

Signature ........................................................................ Consenter

( )

hereby give consent to .................................................................................. who is 🞎 Corresponding Author / 🞎 First Author / 🞎 Co-Corresponding Author / 🞎 Co-First Author of the article to be a person requesting a grant for original research article **or** review article having Article Processing Charges (APC). I hereby affirm that I would not submit this article for requesting article processing charges from other sources.

I hereby affirm that all information is true.

Signature .......................................................................

( )

Applicant for Article Processing Fees Grant