

**THAKSIN UNIVERSITY**

**Consent Form for Participation in the Research Project**

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I, (Title Name Surname) ........................................................................................................................, work as …………………………........................... at ..........................................................…………………….…………..….. located at ……………………………………………………………………………….…………………………………………………………….

Email: ………………………………………………………………………………… Tel.: …………..…………………………………………....

I would like to give my consent to participate in the research project “.................................. ....................................…………..………………………………….…….................................................................................”, Project Leader ….……………………………..……………………………………………………………………………………………………

My role in participating in this project is as follows:

1. ..............................................................................................................................................................
2. ..............................................................................................................................................................
3. …………………………………………………………………………………………………………………………………………….

 (Signed)…………………………………………..............

 (………………………………………….…………..)

 Date …… /……………….. /……...