



Progress Report and Graduate Scholarship (Type II) project evaluation Form

Academic year.....

Scholarship Recipient's Name Mr/ Mrs/ Miss (as in passport)		
Program <input type="checkbox"/> Master <input type="checkbox"/> Doctoral <input type="checkbox"/> Master-Doctoral in.....	Faculty of Medicine Siriraj Hospital		
Student ID	□□□□□□□□□□□□□□/□		
Scholarship received	Tuition Fee.....	Salary per month.....x.....=.....	
	Total grant.....		
	From Date.....month.....year.....	To Date.....month.....year.....	
Thesis title in English		
Project Progress Report in	<input type="checkbox"/> first round <input type="checkbox"/> second round <input type="checkbox"/> third round (if have) <input type="checkbox"/> fourth round (if have)		

Progress report (may attach separately)

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Progress Report (Calculated/to percentage of.....%)	<input type="checkbox"/> more than plan	<input type="checkbox"/> following	<input type="checkbox"/> less than plan
Project approval from IRB	<input type="checkbox"/> not involved	<input type="checkbox"/> in process	<input type="checkbox"/> approved
Qualifying Examination (For PhD. Student)	<input type="checkbox"/> pass	Date of pass	
	<input type="checkbox"/> not passed	Expected examination date.....	
Thesis Proposal Examination	<input type="checkbox"/> pass	Date of pass	
	<input type="checkbox"/> not passed	Expected examination date.....	
Thesis Defense Examination	<input type="checkbox"/> pass	Date of pass	
	<input type="checkbox"/> not passed	Expected examination date.....	

Next plan First semester second semester academic year.....

Planning detail (in fact) and expectation result (may attach documents)

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Conclusion of scholarship payment in the past

Lists	Reasons	payment (Bath)
1.		
2.		
3.		
4.		
5.		
6.		
Total		

Problems and difficulties (may attach documents)

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Signature of student date.....

Name of student.....

Comment from Advisor

Study.....			
Research.....			
Others.....			
Result Conclusion of student who got scholarship	<input type="checkbox"/> S (Satisfactory)	<input type="checkbox"/> U (Unsatisfactory)	<input type="checkbox"/> Other

Signature of Advisor..... date.....
(.....)

Comments from Program Director/ Head of Department

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Signature..... date.....
(.....)

(for office)

Resolution of graduate (student) thesis Scholarship committee.

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Result conclusion	<input type="checkbox"/> S (Satisfactory)	<input type="checkbox"/> U (Unsatisfactory)	<input type="checkbox"/> Other

Signature..... date.....
(.....)