



Progress Report for Graduate Scholarship (Type I)

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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Type <input type="checkbox"/> B1(1)-Thai <input type="checkbox"/> B1(2)-Foreign	
Scholarship received	Tuition Fee.....	Salary per month.....x.....=.....	
	Total grant.....		
From Date.....month.....year.....		To Date.....month.....year.....	
Round of Progress Report	<input type="checkbox"/> first round (End of First semester) <input type="checkbox"/> second round (End of academic year)		
Total Credit Credit (Thesis not be count)			
Credit Registered..... Credits	Passed Credits	GPAX	
(Please specify about knowledge that you have learned).....			
(Problems while learning/studying).....			
Practical skills which related to your study	<input type="checkbox"/> not yet	<input type="checkbox"/> start practice (specify).....	
Thesis's Planning	<input type="checkbox"/> not yet	<input type="checkbox"/> start planning (specify).....	
Activities in department/faculty that you have attended	<input type="checkbox"/> not assigned	<input type="checkbox"/> assigned (specify).....	
Overall progress of study	<input type="checkbox"/> more than expected	<input type="checkbox"/> as expected	<input type="checkbox"/> less than expected
Course Satisfaction	<input type="checkbox"/> more than expected	<input type="checkbox"/> as expected	<input type="checkbox"/> less than expected

Next Education plan

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Signature Scholarship recipient date...../...../.....

Comments from Program Director/ Head of Department

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Conclusion of education for scholarship recipient	<input type="checkbox"/> S (Satisfactory)	<input type="checkbox"/> U (Unsatisfactory)	<input type="checkbox"/> Other
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Signature..... date...../...../.....

(.....)