THAI GOVERNMENT SCHOLARSHIP POST GRADUATE STUDENT'S PROGRESS REPORT FOR THE PERIOD.....

the	ir research/thesis with their supervisor's endo	orsen	nent.
	PART A: (Student	t to c	omplete)
	Surname	Fi	rst Name Student ID
	2		(University in)
	3.		
	(Program of study. i.e. Masters/Ph.	D. a	nd the area of study)
	4(Start Date of degree)	(F	Expected finish date)
	5. Have you had any problems with your s If yes, what kind of problems have you ha		program?
	(You may tick more than one box)		
	Lack of basic knowledge of your topic		English Language difficulties
	Invalid experiment results		Health problems
	Lack of information available on your		Misunderstandings between you and your
	research topic		supervisor
	Lack of facilities at the University		You do not have the opportunity to talk to your
	Revisions of your work take a long time to		supervisor often
	be corrected and returned		Other:
	Not understanding your role and your	7	
	Supervisor's role		

How	have you tried to solve your problems?
	☐ Seeking outside sources of ☐ Notifying the Thai Office of Education Affairs
	 □ Discussing your problems □ Asking a tutor for help with your supervisor □ Lodging a complaint to the Department
Going	g to the International Department or School
Other	ļ.
Do y	ou intend to ask for an extension? □ Yes □ No
If ye	s, How long do you need to extend your studies for?
	From/ To/
	110m 10
	I give my approval for the release of information about my progress to the
	Thai Office of Educational Affairs
	ž ž
_	
(Stuc	lent's signature) (Date)
(Stuc	lent's signature) (Date)
2	ail:
2	
E-M	PART B: (Supervisor to complete)
E-M	PART B: (Supervisor to complete)
E-M	ail:
E-M	PART B: (Supervisor to complete) (Surname and Title) (First Name)
E-M	PART B: (Supervisor to complete)
E-M:	PART B: (Supervisor to complete) (Surname and Title) (Department / Faculty) Contact Details:
E-M:	PART B: (Supervisor to complete) (Surname and Title) (Department / Faculty) Contact Details: Phone: ()
E-M:	PART B: (Supervisor to complete) (Surname and Title) (Department / Faculty) Contact Details:
E-M:	PART B: (Supervisor to complete) (Surname and Title) (First Name) (Department / Faculty) Contact Details: Phone: () Fax: ()
E-M:	PART B: (Supervisor to complete) (Surname and Title) (First Name) (Department / Faculty) Contact Details: Phone: () Fax: () E-mail: How often do you meet with this student?
E-M:	PART B: (Supervisor to complete) (Surname and Title) (First Name) (Department / Faculty) Contact Details: Phone: () Fax: () E-mail: How often do you meet with this student?
E-M:	PART B: (Supervisor to complete) (Surname and Title) (First Name) (Department / Faculty) Contact Details: Phone: () Fax: () E-mail: How often do you meet with this student? Daily Fortnightly
E-M	PART B: (Supervisor to complete) (Surname and Title) (First Name) (Department / Faculty) Contact Details: Phone: () Fax: () E-mail: How often do you meet with this student? Daily
E-M:	PART B: (Supervisor to complete) (Surname and Title)

Is there any issue that will preven program of study at the level the stu-	
□ Yes □ No	
If Yes, Please expand on the issue(s)_	
Has this student made satisfactory p	rogress in the last six months?
□ Yes □ No	
□ Yes □ No	
☐ Yes ☐ No What recommendations do you have	e towards this student's studies'
	e towards this student's studies
	e towards this student's studies'
	e towards this student's studies
What recommendations do you have	
What recommendations do you have	
What recommendations do you have	
What recommendations do you have Do you have any further comments to Have you endorsed the progress re	to make in regards to this stude
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