

Graduate School, Chulalongkorn University

Payment Claim Form

(For Tuition Fee)

60/40 Study Scholarship, Chulalongkorn University for Doctoral Scholarship

(1) I, Mr./ Mrs./Ms.Last Name.....Student ID.....

A PhD student in Department/ Program ofFaculty.....

First registered in 1st 2nd half semester, Academic Year.....

(2) I have been awarded for 60/40 Study Scholarship, Chulalongkorn University for Doctoral Scholarship since 1st 2nd half semester, Academic Year....., and for totalyears of scholarship contract.

(3) I have registered forcredits, divided into course-work forcredits and dissertation forcredits counted until 1st 2nd half semester, Academic Year.....In previous 1st 2nd half semester, Academic Year....., I registered forcredits divided into coursework forcredits and dissertation forcredits

(4) Address (Convenient Contact)

Phone.....E-mail.....

I wish to claim expense payment for current 1st 2nd half semester, Academic Year..... in a total amount ofTHB (Amount in words.....) for tuition fee.

I strongly certify that above mentioned statement is true, and here enclosed my study and dissertation progress report of previous 1st 2nd half semester, Academic Year.....

(Signed)Recipient
(.....)

Dissertation Advisor's Comment

(Signed)Dissertation Advisor
(.....)

<p>Comment of Head of Educational Support for Graduate Students</p> <p>To be authorized "60/40 Study Scholarship, Chulalongkorn University for Doctoral Scholarship" for(1st, 2nd) half semester, Academic Yearwith total amount ofTHB</p> <p>(Signed).....</p> <p>Head of Educational Support for Graduate Students</p> <p>DateMonth.....Year.....</p>	<p>Noted by Budget Treasurer</p> <p>Dear Associate Dean</p> <p>Please authorize</p> <p>(Signed)</p> <p>Head of Budget Treasurer</p> <p>Date.....Month.....Year.....</p>
<p>To be authorized</p> <p>(Signed).....</p> <p>Director of Administration and Management Department</p> <p>Date.....Month.....Year.....</p>	<p>Authorized</p> <p>(Signed).....</p> <p>Associate Dean (On behalf of the Dean)</p> <p>DateMonth.....Year.....</p>

I have received the total amount ofTHB (.....) correctly.

(Signed).....Recipient

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

Payment Certificate / Bank Transfer Request Form
For Vendor, Internal Personnel, Employee/Student of Chulalongkorn University

DateMonth.....Year.....

To Dean of the Graduate School

Chulalongkorn University Personnel

Type Government Officer Permanent Employee in Budget
 Permanent Employee off Budget Scholarship Student

I Position.....

Department (Faculty/Institution/Center/Academy).....

Address no..... Building..... Street.....

Sub-district District

Province..... Postal Code

Telephone..... Fax

ID card/Passport number

Date of Issue Date of Expiry.....

E-mail.....

Request that the Finance and Procurement Office, The Graduate School, Chulalongkorn University, transfer the Education Support Fund for Semester..... Academic Year..... Payment Round..... MonthYear with the following expense:

PhD Student education support fund in the actual amount ofTHB
 Master's Degree Student education support fund in the actual amount ofTHB

The total amount of Baht, Letters (.....)

A/C PAYEE's name

(Signed) Recipient/Requester
(.....)

(Signed) Payer/Transaction Recorder
(.....)

Graduate School, Chulalongkorn University
Study and Research Plan Form
60/40 Study Scholarship, Chulalongkorn University for Doctoral Scholarship
Academic Year

Mr. / Ms. / Mrs.
 Student ID a PhD student in Department/ Program of
Faculty
 Contact Address.....
 Home Phone Number Mobile Phone Number.....
 Email.....

In this(1st, 2nd) half semester, academic year.....(GPAX of.....) I registered totallycredits divided into coursework forcredits and dissertation for.....credits, as following.

No.	Course Code	Course Name	Credit
1			
2			
3			
Course Added (if applicable)			
1			
2			
3			
Course Withdrawn (if applicable)			
1			
2			

Research Plan Form

Dissertation Title

Research Plan (Give brief procedures of each activity)

Plan	Academic Year									
	20.....		20.....		20.....		20.....		20.....	
	1 st Half	2 nd Half	1 st Half	2 nd Half	1 st Half	2 nd Half	1 st Half	2 nd Half	1 st Half	2 nd Half

(Signed).....(Scholarship Recipient)
 Date...../Month...../Year.....

For Dissertation Advisor's Comment

(Signed)(Dissertation Advisor)
 Date...../Month...../Year.....

Remark: Please attach a copy of Educate Result(CR60) and Student Registration Result (CR 54)