

**Graduate School, Chulalongkorn University**  
**Payment Claim Form**  
**Scholarship for International Graduate Students**

(1) I, Mr./ Mrs./Ms. .... Last Name..... Nationality: .....  
 Student ID..... A ☐ Master's degree ☐ PhD student Department/Program of.....  
 Faculty/College .....First registered in ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> half semester, Academic Year.....  
 (2) I have been awarded for Scholarship for International Graduate Students with ☐ Full option ☐ Top-up option  
 since ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> half semester, Academic Year....., and for total .....years of scholarship agreement.  
 (3) I have registered for .....credits, divided into course-work for .....credits and dissertation for  
 .....credits counted until ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> half semester, Academic Year.....In previous ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup>  
 half semester, Academic Year....., I registered for .....credits divided into coursework for  
 .....credits and dissertation for .....credits  
 (4) Address (Convenient Contact) .....

Phone.....E-mail.....  
 I wish to claim expense payment for current ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> half semester, Academic Year..... in a total  
 amount of .....THB (Amount in words.....) with following expenses

1. ☐ Tuition as charged in a rate of Thai student ..... THB
  2. ☐ Monthly Allowance of .....THB/ month for .....months ..... THB  
 (from.....to.....)
  3. ☐ Transportation ☐ my country to Thailand ☐ Thailand to my country ..... THB
  4. ☐ Accommodation of 5,500 THB/ month for .....months ..... THB
- TOTAL ..... THB

*Note: In the case that you do not pay any of the followings: tuition, transportation and accommodation, you do not need to claim for those amounts.*

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

(Signed) .....Recipient  
 (.....)

Thesis Advisor's Comment .....

(Signed) .....Thesis Advisor  
 (.....)

*Note: In the case that you do not have your thesis advisor, your program coordinator may sign.)*

Comment of Head of Educational Support for Graduate Students To be authorized "Scholarship for International Graduate Students" for .....(1 <sup>st</sup> , 2 <sup>nd</sup> ) half semester, Academic Year .....with total amount of .....THB (Signed)..... Head of Educational Support for Graduate Students Date .....Month.....Year.....	Noted by Budget Treasurer Dear Associate Dean Please authorize (Signed) ..... Head of Budget Treasurer Date.....Month.....Year.....
To be authorized (Signed)..... Director of Administration and Management Department Date.....Month.....Year.....	Authorized (Signed)..... Associate Dean (On behalf of the Dean) Date .....Month.....Year.....

I have received the total amount of .....THB (.....) correctly.

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

**The Graduate School, Chulalongkorn University**  
**Payment Certificate / Request Form for Bank Transfer**  
**For a Vendor , Staff or Students of Chulalongkorn University**  
**Academic Year .....**

Date .....

Dear Associate Dean of Graduate School

I, Mr./Mrs./Ms. ....  
Address.....  
Student Id ..... Mobile Phone Number..... E-mail.....

I need the Division of Budget Treasurer, Graduate School, Chulalongkorn University, transfer scholarship awards for Scholarship for International Graduate Students in Semester..... Academic Year..... Payment Round..... for the expenses of this following

1. ☐ Tuition Fees in the amount of ..... THB
  2. ☐ Monthly Allowance of ..... THB/month  $\times$  ..... months = ..... THB
  3. ☐ Transportation ..... THB
  4. ☐ Accommodation of 5,500 THB/ month /month  $\times$  ..... months = ..... THB
- Total amount ..... THB (.....) by

- ☐ paying a cash ..... THB
- ☐ transferring money to the bank account of Siam Commercial Bank, Branch .....  
Account Type ☒ Saving Account, Account Name .....  
Account Number    -  -      -

If there is other fees or expenses occurred by the bank, I agree to delete from the total amount.

(Signed)..... Recipient)  
(.....)

(Signed)..... (Payment Person/ Transferring Person)  
(.....)

Remarks: Student enclose these documents  
1. A copy of student ID card  
2. A copy of first page of bank book

**The Graduate School, Chulalongkorn University**  
**Study and Research Plan Form**  
**For Scholarship for International Graduate Students**  
**Academic Year .....**

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

In this .....(1<sup>st</sup>, 2<sup>nd</sup>) half semester, academic year.....(GPAX of.....) I registered  
 totally .....credits divided into coursework for .....credits and dissertation for.....credits,  
 as following.

No.	Course Code	Course Name	Credit
1			
2			
3			
4			
<b>Course Added (if applicable)</b>			
1			
2			
3			
<b>Course Withdrawn (if applicable)</b>			
1			
2			

**Research Plan Form**

Dissertation/Thesis Title  
 .....

Research Plan (Give brief procedures of each activity)

Plan	Academic Year									
	.....201.....		.....201.....		.....201.....		.....201.....		.....201.....	
	1 <sup>st</sup> Half	2 <sup>nd</sup> Half	1 <sup>st</sup> Half	2 <sup>nd</sup> Half	1 <sup>st</sup> Half	2 <sup>nd</sup> Half	1 <sup>st</sup> Half	2 <sup>nd</sup> Half	1 <sup>st</sup> Half	2 <sup>nd</sup> Half

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

For Dissertation Advisor's Comment  
 .....  
 .....  
 .....

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

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