



Date _____

**Chulabhorn International College of Medicine
Thammasat University
Scholarship Completion Form**

Name _____ Student ID _____

Program _____ GPA _____

Home Address _____

Email _____ Tel. _____

Work Address _____ Tel. _____

1. Scholarship

Scholarship name	Scholarship amount (Total)	Scholarship Period

2. Project/ Dissertation

Title	
Period	
Main advisor	

Please attach the following additional documents with this form. *All of the following are required.*

(Please arrange the following documents according to the order listed:)

- 1. Official Transcript
- 2. Graduation Certificate
- 3. Acceptance letter with manuscript*

***Remark:** Acknowledgement of funding is required in manuscript. Please verify this with your acceptance letter. Example: "This research was supported by Chulabhorn International College of Medicine, Thammasat University."

Signature

Signature

Signature

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(.....)

(.....)

(.....)

Scholarship holder

Program's Advisor

Scholarship committee

Date.....

Date.....

Date.....