Receive by………………

Date…….……………….

**GRADUATE STUDENT**

**SEMI-ANNUAL PROGRESS REPORT FORM**

**FACULTY OF PHARMACY, SILPAKORN UNIVERSITY**

This form is to be filled by all graduate students seeking the Master or Ph.D. degree by

January, 15th and June, 15th each year, after finishing the semester until graduation.

**Year………/Semester…………**

**1. General data**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree Sought: □ Graduate Diploma □ Master Degree □ Doctoral Degree

Program of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Part-time □ Full-time

□ Thesis only, Plan………. □Thesis& Course work, Plan……...□ Independent study, Plan……

Year/Semester Admitted: \_\_\_\_\_\_\_\_ Year in Program: \_\_\_\_\_\_\_\_\_Years \_\_\_\_\_\_\_\_\_Months

FOREIGN LANGUAGE: Grade □ S □ U

**2. Course work**

|  |  |  |  |
| --- | --- | --- | --- |
| **Code/Course** | **Credits** | **Grade** | **Year/Semester** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

Total Credits Earned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA: \_\_\_\_\_\_\_\_

**3. Seminars**

|  |  |
| --- | --- |
| **Topic** | **Date** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

**4. Qualifying Examination / Comprehensive Examination**

□ Expected date to be taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Comprehensive Examination □ Passed □ Failed Date \_\_\_\_\_\_\_\_\_\_\_\_

□ Qualifying Examination □ Passed □ Failed , Date \_\_\_\_\_\_\_\_\_\_\_\_

**5. Thesis Proposal**

Expected date of Proposal Defense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Proposal Defense Exams: \_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_

Result: □ Passed □ Failed □ Conditional Pass

Thesis Proposal approved: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Progress Report (Oral presentation)**

□ Yes □ No

|  |  |  |
| --- | --- | --- |
| Oral Presentation | Expected date | Presented date |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

**7. Research**

Thesis Advisory Committee established: □ Yes □ No

Thesis Advisor: 1.

2.

3.

|  |  |  |  |
| --- | --- | --- | --- |
| Date / Semester | Lab work  (% of progression) | Data Collection  (% of progression) | Literature Review  (% of progression) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Comment ………………………………………………………………………………………....

……………………………………………………………………………………………………..

……………………………………………………………………………………………………..

……………………………………………………………………………………………………..

**8. Thesis or Dissertation**

Has the student begun writing the dissertation?: □ Yes □ No

Dissertation defense: Expected date to be taken \_\_\_\_\_\_\_\_\_ Date taken \_\_\_\_\_\_\_\_\_

Has final dissertation been submitted? □ Yes □ No

Expected date of Graduation: \_\_\_\_\_\_\_\_\_\_\_

**9. Publication/Presenatation**

**Submitted or published papers**: □ Yes □ No

1. Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Journal

Year Vol. No. Page

Status: □ preparation □ submitted □ accepted

Granted by

Award by

**Presentation**  □ Yes □ No

1. Title

Name of Conference

Place

Date □ Oral or □ Poster

Granted by

Award by

2. Title

Name of Conference

Place

Date □ Oral or □ Poster

Granted by

Award by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Advisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Chairman Date

**Please return the completed form including the comments of research or academic advisor**

**to Ms. Nipattha Chamras by the end of the each semester (January, 15thand June, 15th )**

**For research or academic advisor**

**Comments**

1. Rate the student’s progress towards the Master or Ph.D. degree, on a scale of 1 to 4:

(1) Strongly Satisfactory

(2) Satisfactory

(3) Unsatisfactory

2. How often do you individuallymeet with the student?

□ Once a week □ Once in 3-4 weeks □ Once a year □ etc

3. Estimated date for the next milestone in the student’s progress (Proposal /Final Defense).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Research

Lab work (% of progression): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data Collection (% of progression): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Literature Review (% of progression): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Please provide a brief statement on the student’s research progress. Use additional pages, if necessary*.* You may also comment upon the student’s breadth of knowledge in General and depth of knowledge on the research topic.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Advisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Chairman Date