**(Annex-2)**

**Letter of Recommendation by Focal Officials for AFoCO Related Matters**

**(CONFIDENTIAL)**

**To the applicant**: Please fill in your name and the other required information below. In turn, email this form to the Focal Officials for AFoCO Related Matters, who will write this letter. **NOTE:** Request your referee to send the letter to the Secretariat directly via email with an official letter.

Name of Applicant: (given name) (family name)

Nationality:

Desired Degree Program: □ Master’s □ Doctoral

Desired Major:

**To the Focal Officials for AFoCO Related Matters**: The person named above has applied for the ‘2020 Landmark Scholarship Program’. We ask for your assistance, and would appreciate your frank and candid appraisal of the applicant.*\*****Please type or print clearly using black ink****.*

|  |
| --- |
| 1. How long have you known the applicant and what are your views on the applicant’s intellectual, academic and all-round abilities?
 |
| 1. How would you describe the applicant’s working style and interaction with supervisors, subordinates, peers and people outside the organization?
 |
| 1. How effectively did the applicant lead/supervise/manage other people? Was the applicant able to manage crisis, pressure or stress?
 |
| 1. What do you consider to be the applicant’s strengths and weaknesses?
 |
| 1. How well do you think the applicant has thought out plans for graduate study?
2. Please comment on the applicant’s performancerecord, potential, or personal qualities which you believe would be helpful in considering the applicant’s application for the proposed degree program.
 |
|  |

**<Focal Official for AFoCO Related Matters>**

Name:

Position or Title:

Institution:

Contact Details: (Tel) (Fax)

Signature: Date:

**We greatly appreciate your timeliness regarding this letter of recommendation.**

|  |
| --- |
| **[List of Focal Officials for AFoCO Related Matters]** |
| **BRUNEI DARUSSALAM**1. **Ms. Noralinda Ibrahim**

Acting Director of Forestry DepartmentMinistry of Primary Resources and Tourism**CAMBODIA**1. **Mr. Hang Suntra**

Deputy Director General, Department of Forest Industry and International CooperationForestry Administration**INDONESIA**1. **Dr. Kirsfianti L. Ginoga**

Director of Forestry Research and Development CentreForestry and Environment Research Development and Innovation AgencyMinistry of Environment and Forestry**LAO PDR**1. **Mr. Sousath Sayakoummane**

Director GeneralDepartment of ForestryMinistry of Agriculture and Forestry**MALAYSIA**1. **Dato’ Wan Mazlan bin Wan Mahmood**

Undersecretary, Biodiversity Management and Forestry DivisionMinistry of Water, Land and Natural Resources  | **MYANMAR**1. **Mr. Thaung Naing Oo**

Director of Forest DepartmentMinistry of Natural Resources and Environmental Conservation**PHILIPPINES**1. **Ms. Lourdes C. Wagan**

Director of Forest Management BureauDepartment of Environment and Natural Resources**SINGAPORE**1. **Mr. Hassan Ibrahim**

Deputy Director of the International Biodiversity ConservationNational Parks Board of Ministry of National Development**THAILAND**1. **Mr. Athapol Charoenshunsa**

Director General of the Royal Forest DepartmentMinistry of Natural Resources and Environment**VIET NAM****10. Ms. Nguyen Tuong Van**Deputy Director of Department of Science, Technology and International CooperationViet Nam Administration of Forestry, Ministry of Agriculture and Rural Development |

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

**(Attachment #1)**

**2021 LANDMARK SCHOLARSHIP PROGRAM**

**Personal Data**

*The application form should be* ***typewritten*** *and all sections must be completed.*

\*Please tick (√ ) a box that applies to you.

**※ Degree Program of Application** □ Master’s □ Doctoral

**PERSONAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Full Name** |  | *(Photo 3\*4)* |
| **Given Name** |  | **Family Name** |  |
| **Gender** | □ Male □ Female | **Marital Status** | □ Single □ Married |
| **Date of Birth** | yyyy.mm.dd | **Age** |  |
| **Country** |  | **Citizenship** |  |
| **Passport** | ***(Number)*** |  |
| ***(Date of Issue)*** | yyyy.mm.dd | ***(Date of Expiry)*** | yyyy.mm.dd |
| **Contact Information** | ***(Address)*** |  |
| ***(Tel)*** |  | ***(Email)*** |  |
| **UNIVERSITY CHOICE** |
| **1st Choice** | **University:** |  | **Professor:** |  |
| **2nd Choice** | **University:** |  | **Professor:** |  |
| *\* It is highly recommended to have a prior consultation with desired professors before indicating your choice.***LANGUAGE PROFICIENCY** |
| **English** | **IELTS/TEPS/TOEFL/TOEIC Score:** |  |
| **Date Taken:** | yyyy.mm.dd |
| **Korean** | **TOPIK Score:** | Level 1/2/3/4/5/6 |
| **Date Taken:** | yyyy.mm.dd |
| **ACADEMIC INFORMATION**  |
| **Period** | **University (Country)** | **Major** | **Degree** | **G.P.A Conversion\*** |
| yyyy~yyyy |  |  |  | /100 |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **WORK EXPERIENCE** *Please include both work and internship experiences (if any).* |
| **Period** | **Institution or Company** | **Position** | **Duties** |
| yyyy.mm~yyyy.mm |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **OTHER ACHIEVEMENTS** |
| **Published Papers** | **Title & Journal Name:** |  |
| **Title & Journal Name:** |  |
| **Awards** | (yyyy) |
| (yyyy) |
| (yyyy) |
| (yyyy) |

\* GPA(Grade Point Average) must be converted on a maximum scale of 100 points (converted points) (**Attachment #6)**

**All applications have to be accompanied by official transcripts or certified true copies.**

|  |
| --- |
| *I declare that:** *To the best of my knowledge, the information on this application (Attachments #1 ,2, 3, 4 and 5) is accurate and complete. I understand that my application is valid only if all required information is provided and all required supporting documents (which will not be returned to me) are enclosed.*
* *I agree to inform the Asian Forest Cooperation Organization Secretariat (**lsh@afocosec.org**) immediately of any other scholarships, grants or awards I am offered or awarded by an external sponsor/institution subsequent to submitting this application, and to provide details and proof of their details if requested. I understand that any additional funding awarded from another source may be taken into account in the calculation of any scholarship I may receive.*
* *I agree to the Secretariat processing personal data contained on this form or other data which the Secretariat may obtain from me or other people or organisations while I am applying for funding. I agree to the processing and disclosure of such data for any purposes connected with my studies or my scholarship allowances while on the Secretariat’s premises or for any other legitimate purpose.*
 |
| **Applicant’s Name** | **Applicant’s Signature** | **Date of Submission** |

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

(**Attachment #2)**

**Personal Statement**

*\* Please type or print clearly within 1 page using black ink. (in English) (\*10 points)*

|  |  |
| --- | --- |
| **Self-Introduction** | *o Your course of life, your view of life, study background, achievements so far, etc.* *o Your motivations for applying and reasons for wanting to study in the Republic of Korea* |
|  |
|  |
| **Work Experience** | *o Your education and work experience in relation to the Landmark Scholarship Program* |
|  |
|  |

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

**(Attachment #3)**

**Study & Career Plan**

*\* Please type or print clearly within 1 page using black ink. (\*20 points)*

|  |  |
| --- | --- |
| **Goal of Study & Study Plan** |  *o Goal of study, title or subject of research, and detailed study plan* |
|  |  |
|  |
| **Future Career Plans** | *o Career plan after completing your studies and your aspirations for the future**o How would you use the knowledge and experience that you gain?* |
|  |
|  |

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

**(Attachment #4)**

**“2020 Landmark Scholarship Program”**

|  |
| --- |
| **Pledge**As an applicant for the “2020 Landmark Scholarship Programs” (hereinafter referred to as **the Program**), I pledge to abide by the following rules**:**(1) To refrain from violation of university regulations.(2) To behave in a manner appropriate to Korean culture and society, and not to participate in any form of political activity (such as organizing a political party, joining a political party, attending political meetings, publishing political articles and declarations, organizing or participating in demonstrations of a political nature, and so on).(3) To accept responsibility for paying any debts incurred in the Republic of Korea.(4) To abide by the decision including regulations of the Secretariat concerning the Program.(5) To permit the Secretariat to use my personal information for the Program only.If I am proved to have violated any of the above or to have made a false statement in my application documents, I shall accept any resolution or penalty made by the Secretariat, even when it may/might result in suspension, revocation or withdrawal of my scholarship. I was informed and fully understand that scholars of the Program are not permitted to transfer schools and universities for the entire duration of scholarship after confirming the host university. (yyyy). (mm). (dd).Applicant’s Name : (signature) |

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

**(Attachment #5)**

**Personal Medical Assessment**

The personal medical assessment is for obtaining a candidate’s basic physical condition by self-assessment. Regardless of this, all candidates shall take a comprehensive medical exam in accordance with the requirements of the Korea Immigration Service and applying universities. If the result is different from the Personal Medical Assessment, as showing that the applicant is unfit to study and live overseas, he/she may be disqualified.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** |  Male / Female | **Height** |  | cm | **Weight** |  | kg |
| 1. When and for what reason did you last consult a physician? (Please explain in the adjacent space.)
 |  |
| **QUESTIONS** | *YES* | *NO* | IF *YES*, PLEASE EXPLAIN |
| 1. Have you ever had an infectious disease that posed a risk to public health (such as, but not limited to, tuberculosis, **HIV and other STD**s)?
 |  |  |  |
| 1. 1. Allergies?

2. High blood pressure?3. Diabetes?4. Any type of Hepatitis? |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 1. Have you ever suffered from or been treated for depression, anxiety, or any other mental or mood disorder? (If you have received treatment, please explain and attach an official medical report.)
 |  |  |   |
| 1. Have you ever been addicted to alcohol?
 |  |  |  |
| 1. Have you ever abused any narcotic, stimulant, hallucinogen or other substance (whether legal or prohibited)?
 |  |  |  |
| 1. If necessary, are you prepared to undergo physical tests to verify the answers given in response to questions ⑤ and ⑥ above?
 |  |  |  |
| 1. Have you been hospitalized in the last two (2) years?
 |  |  |  |
| 1. Have you had any serious injury, ailment or sickness in the last five (5) years?
 |  |  |  |
| 1. Do you have any visual or hearing impairment?
 |  |  |  |
| 1. Do you have any physical disabilities?
 |  |  |  |
| 1. Do you have any cognitive/mental disabilities?
 |  |  |  |
| 1. Are you taking any prescribed medication?
 |  |  |  |
| 1. Are you on a special diet?
 |  |  |  |
| 1. On average, how many standard servings of alcohol do you consume each week?
 |  |

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



Landmark Scholarship Program

|  |
| --- |
| **(Form-1) Pledge of Acceptance** |

|  |  |  |
| --- | --- | --- |
| Name of Student | : |  |
| Passport Number | : |  |
| Nationality  | : |  |
| Permanent Address(in your home country) | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact Number | : | *(Home)* | *(Mobile)* |
| 1. *I confirm that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name), accept the scholarship offer from the Secretariat, and I agree to be a Landmark Scholarship Recipient as of the date of signing of this Pledge.*
2. *I declare that I am agreeable to abide by the Rules and Regulations provided and I accept the Terms and Conditions of the scholarship, especially those listed in Article 5.*
 |
| **Student’s Name** | **Student’s Signature** | **Date of Submission** |



Landmark Scholarship Program

(Form-2) Receipt

|  |  |
| --- | --- |
|  |  (Receipt No.: ) |

|  |  |  |
| --- | --- | --- |
| Name of Student  | : |  |
| University and Course | : |  |

|  |  |  |
| --- | --- | --- |
| **Description** | **Received Date** | **Amount (USD)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** |  |  |

Total amount in words (USD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that I have received the aforementioned amount in cash from an official from the Secretariat.

|  |  |  |
| --- | --- | --- |
| **Student’s Name** | **Student’s Signature** | **Date of Submission** |



Landmark Scholarship Program

(Form-3) Living/Settlement Allowance Receipt

|  |  |
| --- | --- |
|  |  (Receipt No.: ) |

|  |  |  |
| --- | --- | --- |
| Name of Student  | : |  |
| University and Course | : |  |

|  |  |  |
| --- | --- | --- |
| **Description** | **Received Date** | **Amount (USD)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** |  |  |

Total amount in words (USD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that I have stayed in the Republic of Korea in the month of (Month / Year) and I have received the aforementioned amount in cash from an official from the Secretariat.

|  |  |  |
| --- | --- | --- |
| **Student’s Name** | **Student’s Signature** | **Date of Submission** |

 Landmark Scholarship Program

|  |
| --- |
| **(Form-4A) Application for Special/Temporary Leave** |

Application for Special/Temporary Leave should be submitted to the Secretariat not less than 7 days in advance.

|  |  |  |
| --- | --- | --- |
| Name of Student | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| University and Course | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address in Destination Country | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact Number | : | Tel (H): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Leave Applied for | : | From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Total Number of Days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| Reason for Application | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**\*Please attach supportive document(s)**

|  |  |  |
| --- | --- | --- |
| **Student’s Name** | **Student’s Signature** | **Date of Submission** |
| **Supervising Professor’s Name** | **Supervising Professor’s Signature** | **Date of Approval** |
| **Secretariat Staff** | **Secretariat Staff’s Signature** | **Date of Approval** |



Landmark Scholarship Program

|  |
| --- |
| **(Form-4B) Letter of Permission by Supervising Professor** |

Letter of Permission for the Scholarship Recipient should be completed by the Supervising Professor and the Scholarship Recipient should submit it to the Secretariat together with the Application for Special/Temporary Leave.

**(Please indicate period: YEAR \_\_\_\_\_\_\_\_, SEMESTER \_\_\_\_\_\_\_\_)**

|  |  |  |
| --- | --- | --- |
| Name of Student | : |  |
| University and Course | : |  |
| Supervising Professor | : |  |
| Contact Number of Supervising Professor | : | Tel (O):  | Mobile:  |

|  |
| --- |
| **Please provide reasons for approving the student’s leave request.** |
|  |
| **Supervising Professor’s Name** | **Supervising Professor’s Signature** | **Date of Submission** |



Landmark Scholarship Program

|  |
| --- |
| **(Form-5) Notice of Re-entry into the Republic of Korea** |

Notice of Re-entry into the Republic of Korea should be submitted to the Secretariat within 7 days from the date of Re-entry (after the period of the Temporary Leave from the Republic of Korea).

|  |  |  |
| --- | --- | --- |
| Name of Student | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| University and Course | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Actual Leave Applied for | : | From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Total Number of Days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**\*Please attach scanned page(s) passport (with the arrival and departure stamps displayed clearly)**

|  |  |  |
| --- | --- | --- |
| **Student’s Name** | **Student’s Signature** | **Date of Submission** |
| **Supervising Professor’s Name** | **Supervising Professor’s Signature** | **Date of Approval** |
| **Secretariat Staff** | **Secretariat Staff’s Signature** | **Date of Approval** |



Landmark Scholarship Program

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| --- |
| **(Form-6) End of Semester Student Report** |

End of Semester Student Report must be submitted to the Secretariat by the last day of each semester.

**(Please indicate date/period: YEAR \_\_\_\_\_\_\_\_, SEMESTER \_\_\_\_\_\_\_\_)**

|  |  |  |
| --- | --- | --- |
| Supervising Professor | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Student | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| University and Course | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Year of Study |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact Number | : | Tel (H): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**A. OVERVIEW OF SEMESTER**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Course Title** | **Major Requirement / Elective?** | **Name of Instructor** | **Credits** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |

**B. RESEARCH PROGRESS**

|  |
| --- |
| **1. Thesis Title** |
|  |
| **2. Research Objectives** |
|  |
| **3. Methodology** |
| Study site, data collection plan, procedure of research… |
| **4. Research Progress** |
|  |

**C. OTHER COMMENTS/DIFFICULTIES ENCOUNTERED DURING THE SEMESTER**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **Student’s Name** | **Student’s Signature** | **Date of Submission** |



Landmark Scholarship Program

|  |
| --- |
| **(Form-7) Written Opinion by Supervising Professor** |

Written Opinion on the Scholarship Recipient should be completed by the Supervising Professor and submitted to the Secretariat *twice a year.*

**(Please indicate period: YEAR \_\_\_\_\_\_\_\_, SEMESTER \_\_\_\_\_\_\_\_)**

|  |  |  |
| --- | --- | --- |
| Name of Student | : |  |
| University and Course | : |  |
| Supervising Professor | : |  |
| Contact Number of Supervising Professor | : | Tel (O):  | Mobile:  |

|  |
| --- |
| **Please provide detailed comments on the following aspects of the Scholarship Recipient’s performance:** |
| (a) Academic Capacity:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| □  | *Exceeded expectations* | □ | *Met expectations* | □ | *Partially met expectations* | □ | *Did not meet expectations* |

 |
| (b) Research Progress

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| □  | *Exceeded expectations* | □ | *Met expectations* | □ | *Partially met expectations* | □ | *Did not meet expectations* |

 |
| **Supervising Professor’s Name** | **Supervising Professor’s Signature** | **Date of Submission** |



Landmark Scholarship Program

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| --- |
| **(Form-8) Explanatory Statement** |

Explanatory Statement should be completed by the Scholarship Recipient and submitted to the Secretariat *whenever necessary/requested.*

**Explanatory Statement for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| Name of Student | : |  |
| University and Course | : |  |
| Supervising Professor | : |  |
| Contact Number of Supervising Professor | : | Tel (O):  | Mobile:  |

|  |
| --- |
| Reason for Absence/Misconduct:*(Please attach relevant documents to support your statement, if there are any)* |
| *I hereby certify that the information given by me in this statement is true and correct to the best of my knowledge. I understand and agree that any false information, misrepresentation, or omission of facts in this statement may be justification for disciplinary action by the Secretariat.* |
| **Student’s Name** | **Student’s Signature** | **Date of Submission** |