**Form/ log book for activity attendance of Graduate student activities throughout the study period**

**Faculty of Dentistry, Chulalongkorn University**

Name – Surname .................................................................... Student ID...........................

First Enrollment 1st Semester [ ] 2nd Semester [ ]

Program [ ] Doctoral Degree [ ] Master's degree [ ] Graduate Diploma [ ] Higher Graduate Diploma

[ ] Residency Training Program

Department .................................................................. Major/Field of Study ....................................................................................

**1) Compulsory activities for new graduate students (must attend all)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activities** | **Date** | **(Semester/**  **Acad.year)** | **Duration (Hours)** | **Advisor/**  **Supervisor** | **Remark** |
| 1. First Aid Training (CPR) |  |  |  |  |  |
| 1. Orientation |  |  |  |  |  |
| 1. Pakkred Project Orientation |
| 1. Infection Control Orientation |
| 1. Teacher Appreciation ceremony |  |  |  |  |  |
| 1. Post-training Address |  |  |  |  |  |

**2) Activities promoting social responsibilities (at least 10 hours/Acad.year)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activities** | **Date** | **(Semester/**  **Acad.year)** | **Duration (Hours)** | **Advisor/**  **Supervisor** | **Remark** |
| 1. Big cleaning day |  | ....../............ |  |  |  |
|  | ....../............ |  |  |  |
| 1. Pakkred Dental Service |  | ....../............ |  |  |  |
|  | ....../............ |  |  |  |
| 1. Dental Mobile Unit of H.M. the king |  | ....../............ |  |  |  |
|  | ....../............ |  |  |  |
| 1. Dental Public Health Day |  | ....../............ |  |  |  |
|  | ....../............ |  |  |  |
| 1. Activities promoting University Social Responsibilities |  | ....../............ |  |  |  |

**3) Other Activities for Graduate Students**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activities** | **Date** | **(Semester/**  **Acad.year)** | **Duration (Hours)** | **Advisor/**  **Supervisor** | **Remark** |
| 1. Publication Camp |  | ....../............ |  |  |  |
| 1. Graduation Day |  | ....../............ |  |  |  |
| 1. Anniversary of Faculty Establishment |  |  |  |  |  |
| 1. Research Day |  |  |  |  |  |

**(Sign)** Student ........................................................... (............................................................................) ...../......../.......

Advisor/Supervisor........................................................... (.............................................................)...../......../.......

Head of Department/Program Director ......................................... (........................................................) ...../......../.......