

**แบบรายงานการเข้าประชุมเชิงปฏิบัติการ อบรม/สัมมนา ศึกษาดูงาน**

**บุคลากรสายวิชาการและสายสนับสนุนวิชาการ มหาวิทยาลัยราชภัฏจันทรเกษม**

**ประจำปีงบประมาณ 2560**

ชื่อ-สกุล.............................................................................. ตำแหน่ง..............................................................................

หน่วยงาน..............................................................................................................................................................................

ชื่อหลักสูตร...........................................................................................................................................................................

ระหว่างวันที่.......................................................................... ถึงวันที่................................................................................

จำนวน..............................................................................วัน จำนวน.......................................................................ชั่วโมง

สถาบันผู้จัด…………………………………………………………………………………………………………………………………………………………………………………….

สถานที่...................................................................................................................................................................................

ค่าใช้จ่าย 🞎 ไม่มี 🞎 มีจำนวน..................บาท (..........................................................................)

เบิกจ่ายจากงบประมาณ 🞎 แผ่นดิน ปีงบประมาณ ……………..……….

🞎 รายได้ ปีงบประมาณ ………………………

🞎 งบอื่น ๆ (ระบุ)............................................................................

เกียรติบัตร/วุฒิบัตร 🞎 ได้รับ 🞎 ไม่ได้รับ

เอกสารแนบ 🞎 ไม่มี

🞎 มี ได้แก่ ๑. .................................................................................................................

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๒. .................................................................................................................

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๔. .................................................................................................................

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สรุปสาระสำคัญ

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ประโยชน์ที่ได้รับ/การบูรณากับการเรียนการสอนของรายวิชา

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ข้อเสนอแนะอื่น ๆ

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ผู้รายงาน.............................................................

(...........................................................)

วันที่............../................................../………………………..

ความคิดเห็นของผู้บังคับบัญชา

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ลงชื่อ.............................................................

(...........................................................)

วันที่........................เดือน............................พ.ศ................

ความคิดเห็นของผู้บังคับบัญชาเหนือขึ้นไป

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ลงชื่อ.............................................................

(...........................................................)

วันที่........................เดือน............................พ.ศ................