



Insight Meditation Practice Evaluation Form
International Buddhist Studies College (IBSC)
Mahachulalongkornrajavidyalaya University

First Name.....Ordination Name.....Surname.....
Student ID No.Study Field..... [] Master's Degree [] Doctoral Degree
Present Address..... No.Road.....
Sub-district.....District.....Province.....Postal Code.....
Phone/Mobile Phone No.
Starting Date of Study at IBSC.....Month.....Year.....
Advisory Instructor.....
Other information related to the practitioner, i.e. congenital disease or health
problem.....

Opinion of Insight Meditation Teacher (Vipassanājāra).....
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.....
Evaluated Conclusion [] Passed [] Failed [] Others.....
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Signed.....
(.....)
Vipassanājāra
...../...../.....

Opinion of IBSC Staff.....
.....

Signed.....
(.....)
Position.....
...../...../.....