

#### Application for Admission as an International Student

#### **Instructions to Applicants**

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Applicants must fill and mark X in [ ] in the form completely and accurately, and return it to the address below. An application cannot be considered unless all sections are completed, and unless accompanied by an official certified record of all relevant academic transcripts. References must also be listed.

1. Full Name (Mr./Miss/Mrs.):

1.	Full Name (Mr./Miss/Mrs.):					
		First/Given	Middle	Last/Fan	nily	
	Date of Birth:	Pla	ce of Birth:			
	, ,		ı			
	Nationality:					
	Marital Status:	Sta	te of Health: [ ]	Excellent [	] Good	[ ] Fair
2.	Address in Home Country:					
	Telephone:	E-1	_E-mail:			
3.	Present Address (for correspond	Present Address (for correspondence):				
	Telephone:	E-r	nail:			
4.	Present Status (include name and	d address of univ	ersity or employer	:):		
5.	Name and Address of Contact P	erson in Case of	Emergency:			
	Telephone:	E-r	nail:			
6.	Educational Background (in chronological order from primary/elementary to university):					
	Name of School / University and Country	Year From - To	Major Subject/Fi	ield of Study	Diploma	Degree

Position Title and Duties		Employer		Dates		
8. Thai Language	Proficiency (please ev	aluate you	ır level and	fill in with an X	where appropriate):	
Skills	Good	Fa	air	Poor	None at all	
Listening						
Speaking						
Reading						
Writing						
9. Foreign Langua	age Proficiency (please	e evaluate	your level	and fill in with ar	x where appropriate):	
Language	Good	F	air	Poor	None at all	
English						
	been to Thailand: [ ]		=	_	_	
Place:				Dates:		
Purpose (touris	t, work, student, etc.):					
11. Plan of study at	Srinakharinwirot Uni	versity:				
•		·		Contificate [	1 Undananaduata	
Degree Lever (	please check one): [				Special Programs	
Faculty/Danant	ment:	Joraduate	, []]	osigraduate [	J Special I Tograms	
• •						
3	f Study:					
	ch Interest:					
Proposed Plan of Study:			Yea	r(s) From:	To:	
12. Source of Fund	12. Source of Funding for Study: [ ] Family/Self [ ] Employer [ ] Home Government					
Other (specify):						
13. Referees:						
1) Name:Position:						
Address:						
Telephone: E-mail:						
2) Name:Position:						
Address:						
T <sub>e</sub> 11			т	7		
i elephone:_			h	z-ma11:		

7. Relevant Employment History:

- 14. Other required documents to be submitted with this application:
  - 1) Outline of Study Plan (form)
  - 2) Two Letters of Recommendation (form)
  - 3) Certificate of Health (form)
  - 4) Certificates of Current Enrollment
  - 5) Transcript of Academic Record
  - 6) A Copy of Passport
  - 7) Non refundable application fee of Bht 1,000 (Bankdraft should be made payable to Srinakharinwirot University)

I certify that the information given in this application is complete and accurate to the best of my knowledge. I accept that I will be held accountable for any conditions and regulations provided by Srinakharinwirot University.

Signature of Applicant:_	Date:

This completed form together with supporting documents and application fee are to be returned to:

International Relations Division, Office of the President (Building 9) Srinakharinwirot University 114 Sukhumvit 23, Bangkok 10110

Thailand

Tel: (662) 260 - 3637 Fax: (662) 258 - 4006 E-mail: <u>ird@swu.ac.th</u>

### **Outline of Study Plans**

Outilite of Study 1 miles
Applicant's Name:
Major Subject/Field of Study:

Signature of Applicant: \_\_\_\_\_\_ Date: \_\_\_\_\_

### **Letter of Recommendation**

Applicant	Name:
Recommender	Name:
	Position & Institution:
	Address:
	Telephone/Fax:

Please provide in the space below a careful and confidential opinion of the applicant's character, intellectual ability, adaptability and determination of purpose.

### **Letter of Recommendation**

Applicant	Name:
Recommender	Name:
	Position & Institution:
	Address:
	Telephone/Fax:
	Email:

Please provide in the space below a careful and confidential opinion of the applicant's character, intellectual ability, adaptability and determination of purpose.

### **Certificate of Health**

Name of Applicant:			_ Age:		
Address:					
<ul><li>I. History of Health (injury and/or Illnes</li><li>Operations/Surgery</li></ul>		in last 5 years)			
II. Examination:					
Height:	Weigh	nt:			
Head:	Eyes:	Ears	::		
Nose:	Phary	nx: Necl	k:		
Heart:					
Lungs:					
Abdomen:					
Reflexes:					
III. Summary:  In my opinion, the	applicant's health and physic	al condition is:			
Signature of Physician:	ignature of Physician: Date:				
Δ ddress:					