

7. Relevant Employment History:

Position Title and Duties	Employer	Dates

8. Thai Language Proficiency (please evaluate your level and fill in with an X where appropriate):

Skills	Good	Fair	Poor	None at all
Listening				
Speaking				
Reading				
Writing				

9. Foreign Language Proficiency (please evaluate your level and fill in with an X where appropriate):

Language	Good	Fair	Poor	None at all
English				

10. Have you ever been to Thailand: Yes No If yes, please answers the following:

Place: _____ Dates: _____

Purpose (tourist, work, student, etc.): _____

11. Plan of study at Srinakharinwirot University:

Degree Level (please check one): Non-Degree Certificate Undergraduate
 Graduate Postgraduate Special Programs

Faculty/Department: _____

Subject/Field of Study: _____

Field of Research Interest: _____

Proposed Plan of Study: _____ Year(s) From: _____ To: _____

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: _____

Telephone: _____ E-mail: _____

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: ird@swu.ac.th

Outline of Study Plans

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.

Signature of Recommender: _____ Date: _____

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.

Signature of Recommender: _____ Date: _____

Certificate of Health

Name of Applicant: _____ Age: _____

Address: _____

I. History of Health (injuries, illnesses, and surgeries in last 5 years)

Injury and/or Illness:

Operations/Surgery(s):

II. Examination:

Height:

Weight:

Head:

Eyes:

Ears:

Nose:

Pharynx:

Neck:

Heart:

Lungs:

Abdomen:

Reflexes:

III. Summary:

In my opinion, the applicant's health and physical condition is:

Signature of Physician: _____ Date: _____

Address: _____