



Application for Admission as an Exchange Student

“1 x 1”

Photo

Instructions to Applicants

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.): _____
First/Given Middle Last/Family

Date of Birth: _____ Place of Birth: _____
month / day / year

Nationality: _____ Religion: _____

Marital Status: _____ State of Health: [] Excellent [] Good [] Fair

2. Address in Home Country: _____

Telephone: _____ E-mail: _____

3. Current Address (**for receiving documents**): _____

Telephone: _____ E-mail: _____

4. Name and address of home university : _____

Faculty : _____ Major : _____

5. Name and Address of Contact Person in Case of Emergency: _____
_____ Relationship : _____

Telephone: _____ E-mail: _____

6. Educational Background (in chronological order from primary/elementary to university):

Name of School / University and Country	Year From - To	Major Subject / Field of Study	Diploma / Degree

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	Proficient	Independent	Basic	None at all
Listening				
Speaking				
Reading				
Writing				

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

Language	Proficient	Independent	Basic	None at all
English				

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

Place: _____ Dates: _____

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

11. Plan of study at Srinakharinwirot University:

Study Types : ☐ Credit ☐ Audit

Faculty/Department: _____

Field of Study: _____

Field of Research Interest: _____

Duration of Study: _____ Semester(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: _____

Please inform where you would like to apply for the Ed visa.

☐ **Royal Thai Embassy in** _____

☐ **Royal Thai Consulate-General in** _____

☐ **Others (Please specify)** _____

14. Other required documents to be submitted with this application:

- 1) Outline of Study Plan (form)
- 2) A Copy of Letter of Recommendation (form)
- 3) Certificate of Health (form)
- 4) Certificates of Current Enrollment
- 5) Transcript of Academic Record
- 6) A Copy of Passport

I certify that the information given in this application is true and correct. I agree to follow Srinakharinwirot University regulations and policies respectively.

Signature of Applicant:_____ Date:_____

The completed application form together with supporting documents are to be returned to:

International Relations and Communications Office Office of the President (Building 9) Srinakharinwirot University 114 Sukhumvit 23, Bangkok 10110 Thailand Tel: (662) 260-3637 E-mail: ird@g.swu.ac.th

Outline of Study Plans

Applicant's Name:_____

Major Subject/Field of Study:_____

Signature of Application:_____ **Date:**_____

SRINAKHARINWIROT UNIVERSITY, BANGKOK, THAILAND

Letter of Recommendation

Application	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:_____

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:_____