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## CHIANG MAI UNIVERSITY Graduate School Application for Admission

| OFFICE USE ONLY                   |  |  |
|-----------------------------------|--|--|
| Application No                    |  |  |
| Programme                         |  |  |
| To Dept/                          |  |  |
| Reject Accept for Semester        |  |  |
| Date of offer/ Applicant's Reply/ |  |  |

| PLEASE TYPE OR PRINT IN BLACK INK                                      |   |  |  |  |  |
|--|---|--|--|--|--|
| PLAN FOR STUDY   |   |  |  |  |  |
| Application for Semester   | econd (November)                          |  |  |  |  |
| Academic Year Faculty  |   |  |  |  |  |
| PROGRAMME OF STUDY:  |   |  |  |  |  |
| Doctor's Degree (thesis only)  | Master's Degree (course works and thesis) |  |  |  |  |
| Doctor's Degree (course works and thesis)                              | Master's Degree (course works only)       |  |  |  |  |
| Master's Degree (thesis only)  | Others (please specify)                   |  |  |  |  |
| •  |   |  |  |  |  |
|  |   |  |  |  |  |
| . Lea of Confermation (in required)                                    |   |  |  |  |  |
| PERSONAL INFORMATION   |   |  |  |  |  |
| 1. Sex: Male Female  |   |  |  |  |  |
| 2. Family Name or Surname  | First Name                                |  |  |  |  |
| Middle Name  | Middle Name                               |  |  |  |  |
| 3. Marital Status Single Married Oth                                   | nersNumber of Children                    |  |  |  |  |
| 4. Date of Birth: Day/Month/Year//                                     |   |  |  |  |  |
| 5. Occupation Country of Citizenship                                   |   |  |  |  |  |
| 6. Highest Academic Qualification Obtained                             | •   |  |  |  |  |
| Major Field Grade Point Average/Score                                  |   |  |  |  |  |
| 7. Address for Correspondence  |   |  |  |  |  |
| Office:  |   |  |  |  |  |
|  |   |  |  |  |  |
|  | Email:                                    |  |  |  |  |
| Home:  |   |  |  |  |  |
| iei: Fax:  |   |  |  |  |  |
| SCHOLARSHIP  |   |  |  |  |  |
| ☐ I will accept the admission, even if I am not awarded a scholarship. |   |  |  |  |  |
| I will have a sponsor from   |   |  |  |  |  |
| I will not accept the admission, if I am not awarded a scholarship.    |   |  |  |  |  |
| ACADEMIC QUALIFICATIONS  |   |  |  |  |  |
| -  |   |  |  |  |  |

| Degrees or diplomas<br>held or being completed | Years of Attendance<br>(19to 20) | Name & Place of<br>Institution |
|--|----------------------------------|--------------------------------|
|  |                                  |                                |
|  |                                  |                                |
|  |                                  |                                |

| DETAILS OF OTHER QUALIFICATION HELD (e.g.Membership of professional bodies, certificates held)       |   |  |  |
|--|---|--|--|
|  |   |  |  |
|  |   |  |  |
| BRIEF DESCRIPTION OF PROFESSI  | ONAL EXPERIENCE                           |  |  |
|  |   |  |  |
| (Please attach additional page if more sp  | ace is needed)                            |  |  |
| EMPLOYMENT EXPERIENCE  | -   |  |  |
| Name & Place of Employer   | Employment Period (from to )              | Position/Type of Work                                    |  |
|  |   |  |  |
|  |   |  |  |
|  |   |  |  |
| ENGLISH LANGUAGE PROFICIEN   |   |  |  |
| Certificate of English proficiency held by TOEFL   | y the applicant:                          | LT   |  |
| Other (please spe  | ecify)                                    |  |  |
| Test Date Score  |   | (Please attach documentation)                            |  |
| RESEARCH OUTLINE FOR THE PR Please attach a statement of abou presented at meetings and/or published | t one page of your research outline, pr   | icable)<br>revious research experience and research work |  |
| REFEREES  Please list names and addresses of and capability. One of these referees sho               |   | and familiar with the applicant's background             |  |
| 1. Name  | Position                                  |  |  |
| Address  |   |  |  |
|  |   |  |  |
|  |   |  |  |
|  |   |  |  |
| Address  |   |  |  |
| Please inform your referees to sen addressed directly to the <b>Graduate Sch</b>                     | d their confidential letters of reference | describing your suitability in sealed envelopes          |  |
| I certify that my statements made  | e above are correct and complete to the   | best of my knowledge.                                    |  |
|  | Applicant's Signature                     |  |  |
|  |   | )  |  |
|  | Date                                      |  |  |