

## Application Form for Outbound Research Student Exchange Program

Photo

### APPLICANT'S INFORMATION (as it is in the Passport)

Title: ☐ MISS ☐ MS. ☐ MRS. ☐ MR.

Name / First Name: \_\_\_\_\_

Middle Name (if any): \_\_\_\_\_

Surname / Last Name: \_\_\_\_\_

Name in Thai: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Gender: ☐ Male ☐ Female Nationality: \_\_\_\_\_

Date of Birth (DD/MMM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Mobile Phone: \_\_\_\_\_

Academic Email: \_\_\_\_\_ Alternative Email: \_\_\_\_\_

Current Address \_\_\_\_\_

### EDUCATIONAL BACKGROUND

Student ID number: 

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Level of study: ☐ Master ☐ Doctoral School year: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 GPAX: \_\_\_\_\_

Faculty / College / School: \_\_\_\_\_

Field of study / Major: \_\_\_\_\_

English Language Proficiency: Test Name \_\_\_\_\_ Score \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### PROPOSED FIELD OF RESEARCH / THESIS

Topic: \_\_\_\_\_

Advisor/Supervisor at Chula:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Faculty / College / School / Lab: \_\_\_\_\_

**Advisor/Supervisor at Host University:** (who has agreed to supervise your research)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Faculty / College / School / Lab: \_\_\_\_\_

**Period of Research:** From (Month/Year) \_\_\_\_\_ to (Month/Year) \_\_\_\_\_

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- ☒ By my signature, I certify that, the information provided in this application form is accurate and complete. I understand that any incorrect information will result in the cancellation of this application.
  - ☒ I understand that Chulalongkorn University has the right not to accept my application.
  - ☒ I understand that it is my responsibility to provide all documentary evidence requested in this application.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_