

Photo 

**Return this form and attachments to:**

Office of International Relations

Ubon Ratchathani University

Warin Chamrap

Ubon Ratchathani

Thailand 34190 or

E-mail: intercoop@ubu.ac.th

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UBON RATCHATHANI UNIVERSITY
EXCHANGE STUDENT APPLICATION FORM

This application form is to be typed in.

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| **1** | **Personal details** |
| Title \_\_\_\_\_\_\_\_\_ |  Given name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Gender: \_\_\_\_\_\_\_\_\_ | Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Passport number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Expiry date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 Country of residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **2** | **Applicant contact details** |
| Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_ | Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Applicant’s permanent address in home country

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| Number and street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 Province/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post/zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s mailing address (if different from above)

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| Number and street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Province/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Post/zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emergency contact information |  |
| Title \_\_\_\_\_\_\_\_\_ | Given name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Relationship to you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **3** | **Home Institution** |

Name of institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree/diploma of your current study:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current year of your study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major/field of study at home university: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cumulative GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected date of graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **4** | **Exchange study information** |

Faculty at UBU that you are applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Program level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major/field of study that you are applying for: [ ]  a bachelor degree program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  a master degree program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  a doctoral degree program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed activities: [ ]  course enrollment [ ]  practicum [ ]  internship [ ]  research

 [ ]  cultural exchange [ ]  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please contact the Office of International Relations in advance if you are interested in enrolling in courses.

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| **5** | **Statement of purpose** |

Please describe reasons why you are interested in studying at Ubon Ratchathani University.

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| **6** | **Language proficiency** |

a) Is English your first language? [ ]  Yes [ ]  Nob) Please tick the appropriate box if you have completed any English test within the last two years and add your current score:

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| [ ]  TOEFL \_\_\_\_\_\_\_\_\_\_ | [ ]  IELTS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 ☐ TOEIC \_\_\_\_\_\_\_\_\_\_ ☐ Other (please specify) \_\_\_\_\_\_\_\_\_\_ c) Please tick the appropriate box if you have completed any Thai test within the last two years and add your current score:[ ]  Thai Competency test by Thai Government \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  CU-TFL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **7** | **Academic qualifications** |

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| Please list the last three degrees of high school, bachelor, and/or master programs in which you have been enrolled:☐ High school Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of completed \_\_\_\_\_\_\_\_\_\_☐ Bachelor Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of completed \_\_\_\_\_\_\_\_\_\_ ☐ Master Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of completed \_\_\_\_\_\_\_\_\_\_

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| **8** | **Work experience** |

Please list your work experiences (If any): Position Institution/Company Country Duration\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **9** | **Publications** |

Please list your research or publications (If any):Year of publication Title Journal\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **10** | **Health insurance** |

Do you have full health insurance? ☐ Yes ☐ NoAre you certain that your health insurance covers all accidents, injuries and medical costs while studying at Ubon Ratchathani University? ☐ Yes ☐ No

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| **11** | **Students with a disability/health condition** |

Are you currently experiencing any health problems or receiving medical advice, test, treatment or an operation from a health professional? ☐ Yes ☐ NoIf yes, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **12** | **Permission to release information** |

I authorize the following person to access details regarding my application (compulsory for students under 18 years of age): Given name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Delegate’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **13** | **Declaration and signature**  |
| I agree:* to Ubon Ratchathani University communicating with me via electronic means.
* to permit the university to obtain my academic results from other institutions directly.
* if any information provided by me is discovered to be untrue or misleading in any respect, I consent to these other institutions collecting, storing, and disclosing this information to Ubon Ratchathani University and any other relevant authority.
* that the respective faculty will consider my application subject to specific qualifications and their decision is final.
 | I understand that: * submitted documents supporting this application become the property of the university and will not be returned to me.
* the university may vary or cancel any decision it makes if the information I have given is incorrect or incomplete.
* information is collected on this form and during my enrollment to ensure student compliance with the conditions of their visas and their obligations under Thai immigration laws generally. Information collected about me on this form and during my enrollment can be provided, in certain circumstances, to the Thai government and designated authorities. In other instances, information collected on this form or during my enrollment can be disclosed without my consent where authorized or required by law.
* I am aware that it is my responsibility to obtain all visas and to arrange my air travel.
* I am aware of all required costs and living expenses and having sufficient funding to cover the full period of study.
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| I declare that the information I have given in this application is correct and complete.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicant’s signature Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature of parent/legal custodian if student is under 18 years of age. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s/legal custodian’s signature Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| UBON RATCHATHANI UNIVERSITYDocuments checklist |
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| Required Documents | Undergraduate | Masterprograms | Doctoral programs |
| Application Form (downloaded from the Ubon Ratchathani University’s website: <http://www.english.ubu.ac.th>) | √ | √ | √ |
| One 35 x 45 mm, full-face photograph taken within the last six months. | √ | √ | √ |
| A copy of the applicant's passport with signature. | √ | √ | √ |
| One original official transcript of a Bachelor’s degree | in English or its foreign equivalent with your signature (if not in English please submit the original document with an official English Translation). | √ | - | - |
| One original official transcript of a Master’s degree | - | √ | - |
| One original official transcript of a doctoral degree | - | - | √ |
| A copy of a certificate of standardized Thai and/or English language proficiency test (if any), issued within the last 2 years. | √ | √ | √ |
| A letter of recommendation from home institution. | √ | √ | √ |

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