

Photo 

[ ]  apply for UBU scholarship

[ ]  funded by home/other organization

[ ]  self-funded

UBON RATCHATHANI UNIVERSITY
VISITING SCHOLAR APPLICATION FORM

This application form is to be typed in.

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| **1** | **Personal details** |
| Title \_\_\_\_\_\_\_\_\_ |  First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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 address in home country

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

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

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| Post/zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emergency contact information |  |
| Title \_\_\_\_\_\_\_\_\_ | First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

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

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

Highest degree awarded:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major/field of degree awarded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current year of working \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **4** | **Host Faculty** |

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

Department that you are applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed activities: [ ]  teaching [ ]  research [ ]  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **5** | **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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| **6** | **Academic qualifications** |

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

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| **7** | **Work experience** |

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

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| **8** | **Publications** |

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

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| **9** | **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/living at Ubon Ratchathani University? ☐ Yes ☐ No

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| **10** | **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I agree to Ubon Ratchathani University communicating with me via electronic means. Information collected about me on this form and during my visit can be provided, in certain circumstances, to the Thai government and designated authorities. In other instances, information collected on this form or during my visit can be disclosed without my consent where authorized or required by law.I declare that the information I have given in this application is correct and complete. |
| Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |