

Photo 

UBON RATCHATHANI UNIVERSITY
EXCHANGE STUDENT APPLICATION FORM

2024

This application form is to be typed in.

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| **1** | **Personal details** |
| Title \_\_\_\_\_\_\_\_\_ | Given name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Family 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 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Family name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

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| **3** | **Education background** |

Home university: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **4** | **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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| **5** | **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you have any food restriction, allergies or special dietary needs?☐ Yes (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐ No |

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| **6** | **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.
 | 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 visit 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 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.
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| I declare that the information I have given in this application is correct and complete.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicant’s signature Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |