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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **Personal details** | | | | | | | | |
| Title \_\_\_\_\_\_\_\_\_ | | | | First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Gender: \_\_\_\_\_\_\_\_\_ | | | Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Passport number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | Expiry date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Country of residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  | |
| **2** | | **Applicant contact details** | | | | | | |
| Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Social media (Facebook/LINE/WhatsApp/WeChat): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Address in the home country** | | | | | | | | | |
| Number and street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Province/State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Post/zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Emergency contact information** | | | | | | |  | | |
| Title:\_\_\_\_\_\_\_\_\_ | | | | | First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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

Photo 

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

3.1 Home University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

3.5 Cumulative GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.6 Is English your first language?  Yes  No

3.7 Please click (x) the appropriate box if you have completed any English test within the last two years and add your current score:

TOEFL\_\_\_\_\_\_\_\_\_\_  IELTS \_\_\_\_\_\_\_\_\_\_

TOEIC\_\_\_\_\_\_\_\_\_\_  Other (please specify) \_\_\_\_\_\_\_\_\_\_

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

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

4.2 Program level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.3 Proposed activities:  course enrollment  practicum  internship  research

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

4.4 Duration  1 month  2 months  3 months  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| |  |  | | --- | --- | | **5** | **Health insurance** |   Do you have full health insurance?  Yes  No  Are you certain that your health insurance covers all accidents, injuries, and medical costs while studying/living at Ubon Ratchathani University?  Yes  No *\*\*\*International students are required to acquire health and accident insurance before their arrival in Thailand.*   |  |  | | --- | --- | | **6** | **Health condition** |   Are you currently experiencing any health problems or receiving medical advice, tests, treatment, or an operation from a health professional?  Yes  No  If yes, please provide details:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you have any food restrictions, allergies, or special dietary needs?  Yes (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No |

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| --- | --- | --- |
| **7** | **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |