





Province/State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Secondary Contact Information** (We will use this address if we cannot reach you at the first address)

Street address \_\_\_\_\_ City \_\_\_\_\_

Province/State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Educational Background** (List all colleges and universities previously attended, if applicable, in chronological order. Use a separate sheet for additional information.)

Undergraduate Level (Home Institution):

Institution \_\_\_\_\_

Country \_\_\_\_\_

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

Period of study (mo/yr-mo/yr) \_\_\_\_\_

GPA \_\_\_\_\_

Advisor \_\_\_\_\_

High School Level:

Institution \_\_\_\_\_

Country \_\_\_\_\_

Date of Graduation \_\_\_\_\_



**English Language Proficiency** (For non-native speakers, list English examinations you have taken in the past 12 months or plan to take.)

1. Name of English Examination:

TOEFL      Equivalent TOEFL (specify test agency) \_\_\_\_\_

Test date (dy/mo/yr): \_\_\_\_\_ Score: \_\_\_\_\_

2. Name of English Examination:

GRE      Equivalent GRE (specify test agency) \_\_\_\_\_

Test date (dy/mo/yr): \_\_\_\_\_ Score: \_\_\_\_\_

Indicate your English proficiency

	Excellent	Good	Fair	Poor
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Visa Information** (Indicate contact information of Thai Embassy or consulate which you wish to issue your visa. This information will be used to request a VISA for admitted applicants.)

\_\_\_\_\_  
Street address City

\_\_\_\_\_  
Province/State Zip Code Country

Have you ever been to Thailand?      Yes      No

If yes, specify the latest date and purpose of your visit.

\_\_\_\_\_  
\_\_\_\_\_

### Health Insurance Information

Name of the medical insurance agency \_\_\_\_\_



Contact address of the agency \_\_\_\_\_

Membership No. \_\_\_\_\_

### Financial Source for Studying at Chulalongkorn University

Scholarship (specify source) \_\_\_\_\_

Personal Funds \_\_\_\_\_

Others (specify source) \_\_\_\_\_

### Academic References (Letters of Recommendation)

1. Name/title \_\_\_\_\_

Position, Institution \_\_\_\_\_

2. Name/title \_\_\_\_\_

Position, Institution \_\_\_\_\_

### Statement of Purpose

Use a separate sheet to write about your motivation, objective of study and what benefits you expect to gain.

I hereby agree to apply for admission to study at Chulalongkorn University and certify that the information provided above is correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Home Institution Approval

I certify that the above student has been approved for the participation in the exchange program for the following periods:

From (Semester, year) \_\_\_\_\_ To (Semester, year) \_\_\_\_\_ *Signature of Advisor*  
*Signature of Exchange Coordinator*

\_\_\_\_\_

( \_\_\_\_\_ ) ( \_\_\_\_\_ )



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Along with your completed application form, please enclose the following required documents.

- An official transcript
- A statement of purpose
- An English proficiency score record
- An academic reference (letter of recommendation)
- Additional documents required by the department (if any)

Please submit the application form and all required documents to the coordinator at the sending institution. If necessary, send the documents to the following address.

**Exchange Program Coordinator**

International School of Engineering

Faculty of Engineering

Chulalongkorn University

Room 107, Engineering 2 Bldg.

254 Phayathai Road, Pathumwan, Bangkok 10330, Thailand

**Deadline of application submission**

- March 31 for application to enroll in Fall semester (August-December)
- September 30 for application to enroll in Spring semester (January-May)

**If there is any inquiry, feel free to contact us at**

Tel. +66 2 218-6422 to 4 Fax. +66 2 218-6422 Email: [ise\\_exchange@eng.chula.ac.th](mailto:ise_exchange@eng.chula.ac.th)

Homepage: [www.eng.chula.ac.th](http://www.eng.chula.ac.th) and [www.inter.chula.ac.th](http://www.inter.chula.ac.th)