

APPLICATION FORM

SUAN SUNANDHA INTERNATIONAL SCHOOL OF ART (INTERNATIONAL PROGRAM) SUAN SUNANDHA RAJABHAT UNIVERSITY, NAKHON PATHOM CAMPUS

Academic Year 2017

APPL	CATION CHECKLIST	Attach hara a					
Please	Attach here a Recent color photo						
	An High School Certificate or its equivalent	(ex. passport					
	A one-inch photo, recently taken	Photo)					
	An official TOEIC score (if available)						
	A Copy of Academic Transcript						
	A Color Copy of Passport in A4 paper						
	Others						
1. Pei	Field of Study/Major	a **choose one**					
1.	Gender:						
2.	Applicant's name :						
	(In English)						
	First Name Middle Name La	ast Name					
3.	Date and Place of Birth						
	Date (DD/MM/YY) :/ City/Town : Cour	ntry :					
4.	Citizenship						
	Nationality : Race :						
	Country of Citizenship : Country of Residence :						
	Thai National ID (for Thai applicant only):						
5.	Passport Detail and Visa Status (For foreigner)						
	Passport Number : Date of Issue (DD/MN	I/YY):/					

	Place of Issue :		Expiry Date (DI	D/MM/YY) ://			
	If you are currently in Thailand, p	ease indicate :					
	Visa type (e.g. student, visitor, tourist, etc.) :						
	Visa No.:						
6.			, , , ,	, 			
0.	Current Mailing Address						
	Number and Street : City/Dietriet :						
		ate/Province :					
	Mobile Phone No.:			-ax No			
	Email Address :						
7.	Permanent Address						
	Number and Street :						
	Suburb/Town:		City/District :				
	State/Province :	Post code/Zip	code :	Country :			
	Tel No.:Fa	x No.:					
	Email Address :						
. Eng	glish Language Ability						
8.	Describe your English language p	roficiency.					
	Speaking : Excellent	Good	☐ Medium	Low			
	Reading : Excellent	Good	☐ Medium	Low			
	Writing: Excellent	Good	☐ Medium	Low			
9.	English Language Testing						
	TOEIC score	_Dated tested					
	☐ IELTS score (Overall band) _						
	Other test (name)						
		Date tested					
. Aca	ndemic Qualifications						
	. Secondary Qualifications (High So	chool)					
	1. Name of Qualification :	•	Program ·				
	Institution :						
	Country/State :						
	2. Name of Qualification :						
	Institution:			GPA :			

Country/State :			Date Completed (DD/MM/YY) ://		
Do you have any disability or medical condition that Suan	YES/NO	if yes, pleas	e explain below		
Sunandha Rajabhat University should be aware of?					
Do you have any allergy?	YES/NO				
Do you have any special dietary requirement (ex. Vegetarian/Halal food only)?	YES/NO				
Have you ever been convicted of a crime offense?	YES/NO				
Do you foresee any other	YES/NO	1			
difficulty that may affect the					
completion of your course?					
ontact Information					
Email Address					
Telephone Number	(country co	de – number)	Mobile Phone Number	(country code – number)	
Line Application Thailand Code					
Applicants: Please Read the Follow I hereby certify that the informated of my knowledge. I understand that ection of my application and possible	ion I have	given on the		•	
			Signature		
			Date :/.	/	

Please submit the hardcopy of the required documents to the following information: Dr.Niracharapa Tonghamachart Position: Dean of Suan Sunandha International School of Art , SUAN SUNANDHA RAJABHAT UNIVERSITY, NAKHON PHATHOM CAMPUS Address: 111/3-5 No.2 Khlong yong Sub-district Phutthamonthon District Nakhon Pathom Thailand 73170, Tel. +66 3496 4918 Fax +66 3496 4918 Email: sisassru2017@gmail.com

