**Incoming Exchange Student Application Form**

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| **Photograph** |

☑ Application deadline is about 2 months before the start of each term**.**

***Please check the updated schedule from MUIC webpage***

* Make sure you fill out the most current email and mailing address.
* Send the Exchange Application and required documents along with

2 recent photos of 1 inch to the Student Exchange Office.

* It would take about 2 weeks for the office to consider your application

and issue letter of acceptance as well as letter for visa application after the application deadline.

* After the acceptance, welcome package containing the above mentioned letters

will be sent to your coordinator at your home university.

☑ Required documents for the exchange inbound students are as follows:

1. An official transcript (record of completed courses and grades) from your home university;
2. Nomination letter

3. A copy of passport;

4. 2 recommendation letters stating your performance while studying at your home university;

5. A copy of your health insurance

**Personal Information**

Title: Choose an item.

Family Name: 

Middle Name (If any): 

Given Name: 

Date of Birth:    Passport No: 

DD Month YYYY

Nationality:  Native Language: 

**Details of Exchange Program**

|  |  |  |
| --- | --- | --- |
| Home University:  Country:  Degree Sought at Home University:  Program Sought at MUIC: Choose an item.  **Duration of Stay at MUIC:** | | |
|  | From Choose an item. Year | To Choose an item. Year |
|  | From Choose an item. Year | To Choose an item. Year |
|  | From Choose an item. Year | To Choose an item. Year |

**Current Private / Personal Mailing Address**

 

Apt. Number / Street / Box Number City or Town

 Province / State Country

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Postal Code Contact Number Ext. Fax Ext.



Email Address

**Academic Information**

 

Contact Person at Home University Position

*Please provide contact details for your exchange advisor/coordinator at your home university:*

  

Department Address City or Town

 Province / State Country

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Postal Code Contact Number Ext. Fax Ext.



Email Address

**Emergency Contact *(please provide an English speaking contact)***

 

Contact Person In Case of Emergency Relationship

*Please provide contact details of the person mentioned above:*

 

Apt. Number / Street / Box Number City or Town

 Province / State Country

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Postal Code Contact Number Ext. Fax Ext.



Email Address

**Health**

***Do you have any health problem / physical problem or have been under any medication?***



**Visa Application**

Which Royal Thai Embassy or Consulate you are going to apply for student visa?

 

Address / Street / Box Number City or Town

  

Province / State Country Postal Code

**Course List *(for the whole period of your study at MUIC)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Home University** | | | **Mahidol University International College** | | |
| **Code** | **Course Name** | **Credits** | **Code** | **Course Name** | **Credits** |
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**Declaration**

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| --- | --- |
| I hereby declare that during the period of my studies at MUIC, I will follow the rules, policies, and code of student conduct accordingly. I further understand that all my personal information is confidential and used only in the capacity intended by MUIC.  I,  give my consent to be photographed and/or recorded in video footage and grant permission for Mahidol University International College to use my pictures or videos for education promotion purposes for website, newsletters or any other publication by Mahidol University International College. | |
| Applicant Signature | Click here to enter a date.  Date of Submission |
|  |  |

**HOME INSTITUTION APPROVAL**

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| --- |
| **I certify that the above student has been approved for participation in the exchange program for the following periods:**  From (Semester, year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature of Exchange Coordinator**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **MUIC Staff Only**  Received by: Date: |