



CHIANG MAI UNIVERSITY Graduate School Application for Admission

PLEASE TYPE OR PRINT IN BLACK INK PLAN FOR STUDY

	AN POR STUDY					
	plication for Sem		☐ First (June)	☐ Second (Nov.)		
Ac	ademic Year	***************************************	Faculty			
Pre	ogram of Study					
		Degree (thesis		☐ Master's Degree (course works and thesis)		
		Degree (course		is) Master's Degree (course works only)		
		s Degree (thesis		☐ Others (please specify)		
Ма	ijor Field		••••	***************************************		
Are	ea of Concentrati	ion (if required)	• • • • • • • • • • • • • • • • • • • •			
	RSONAL INFOR	RMATION				
1.		Male	☐ Female			
2.	Family Name o	r Surname	•••••	First Name		
	Middle Name	• • • • • • • • • • • • • • • • • • • •		••••••		
	(Name In Thai)					
3.	Marital Status	☐ Single	☐ Married	☐ Others Number of Children		
4.		Day/Month/Year				
5.	Occupation	***************************************	• • • • • • • • • • • • • • • • • • • •	Position		
6.	. Country of Citizenship Religion					
7.	Highest Acader	mic Qualification	Obtained			
	Major Field	••••••	Gra	de Point Average/Score		
8.	Address for Correspondence					
	Mailing address	s:	• • • • • • • • • • • • • • • • • • • •			
	***************************************	•••••••••				
	Telephone or M	lobile :	••••••	Fax:		
1	Permanent add	ress (if different f	form above) :	***************************************		
ĺ	Telephone or M	lobile :	• • • • • • • • • • • • • • • • • • • •	Fax :		
	E-mail		• • • • • • • • • • • • • • • • • • • •	***************************************		
	Address for Correspondence while Studying at CMU :					
	•••••		•••••			
	Telephone or M	lobile :	•••••	Fax :		
	E-mail:	••••••••••	•••••			
9.	Identification Do	cument				
	[] Thai nationa	al ID card Numbe	r			
	Date of Issu		•••••	Date of Expiry		
	[] Passport No	umber	• • • • • • • • • • • • • • • • • • • •			
	Date of Issu	ле	••••••			

I would like to apply for a schol	arship	uld like to apply for scholarship					
	I have a sponsor from						
(please attach documentation)	(please attach documentation)						
ACADEMIC QUALIFICATIONS							
Degrees of diplomas	Years of Attendance	Name & Place of					
held or being completed	(19to 19)	Institution					
		····					
		••••••					
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		••••••					
	SSIONAL EXPERIENCE.						
(Please attach additional page if mo							
(Please attach additional page if mo	re space is needed)	······································					
(Please attach additional page if mo	re space is needed) Employment Period						
(Please attach additional page if mo	re space is needed) Employment Period (fromto)	······································					
(Please attach additional page if modern EMPLOYMENT EXPERIENCE Name & Place of Employer	re space is needed) Employment Period	······································					
(Please attach additional page if mo	re space is needed) Employment Period (fromto)	Position/Type of Work					
(Please attach additional page if modern EMPLOYMENT EXPERIENCE Name & Place of Employer	Employment Period (fromto)	Position/Type of Work					
(Please attach additional page if mo	Employment Period (fromto)	Position/Type of Work					
(Please attach additional page if mo	Employment Period (from) CY I by the applicant:	Position/Type of Work					
(Please attach additional page if mo	Employment Period (from) CY I by the applicant: □ IELTS □ Specify)	Position/Type of Work					
(Please attach additional page if mo	Employment Period (from) CY I by the applicant:	Position/Type of Work					

RESEARCH OUTLINE FOR THE PROGRAM APPLIED FOR (if applicable)

Please attach a statement of about one page of you research outline, previous research experience and research work presented at meetings and/or published (if any) to date.

R	F	F	F	R	F	F	S

	aբբո 1.	Name	a capability. Offe of the	ese referees should be the	applicant's direct supe	Prisor.
	2.	Name		Position		
		Address			••••••	
				•••••••••••••••••••••••••••••••••••••••		
	3.	Name	***************************************	Position		

			•••••	•••••		•••••
		Please inform you	ur referees to send their	confidential letters of refer	ence describina vour	suitability in
	seal			rate School by the annour		Junaomey III
				are correct and complete t		ledae.
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			Applicant's Signature	•••••	••••	
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	•		Date	***************************************	, , , , , , , , , , , , , , , , , , , ,	
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				age, consideration of yo		
•		aps up to one year.) puoi	ago, consideration of yo	ui application can bi	; uelayeu,
	[] Official transcript	t(s) (in English)	,		
	1		ertificate(s) (with Englis	sh translation)		
		I WALLY OF THEMSELF.		or reaustadinin		



LETTER OF RECOMMENDATION

To be completed by the applicant before submitting this form to the referee

Name of applicant	••••	
Major field of study applied for	*******	
Faculty	Semester	Academic Year
Program of Study		Academic real
☐ Doctor's Degree (thesis only)		Master's Degree (course works and thesis)
☐ Doctor's Degree (course works	s and thesis)	Master's Degree (course works only)
☐ Master's Degree (thesis only)		Graduate Diploma
		Others (please specify)
Area of Concentration of Option (if require	d)	······
To be completed by the referee		
TO THE PERSON EVALUATING THE API	DI IOANT.	
Chiang Mai University In considering the	above is applying for ad	mission to the program indicated above at
applicant has chosen as reference. We	applicant, particular emp	hasis is placed on comments from people the
applicant has chosen as referees. Your processor the considered without your processor to the considered without your processor.	ompt submission of this t	orm will be most helpful as the applicant
cannot be considered without your comme	nts.	
The Admission Office of the Oast		
preparing this evaluation. Your posistance	uate School realizes that	considerable time and effort is involved in
preparing this evaluation. Your assistance	in giving this appraisal is	greatly appreciated.
Name of person completing this form		
Name of person completing this form Position/Title		
Position/Title Organization	***************************************	
Organization	•••••••	
Address	•••••••	
Address	•••••••••••••••	
•••••	••••••	
How long have you known the applicant?	Vaa	TEL
You have known the applicant as a/an:		Months
/ and an area area.		ent
;	☐ research assistant	☐ teaching assistant
	☐ employee	☐ in other capacities (please specify)
You have served as the applicant's \(\Bar\) divisi	On/dent /school hood	
	her in several classes	research supervisor
	her in only one class	☐ employer
Li teac	nor in only one dass	immediate superior in the organization
		☐ in other capacities (please specify)
•		••••••

Do you feel graduate study is appropriate for the applicant at this time? Why?

In comparison with other graduate school candidates that you have known, how would you rate the applicant with respect to the following qualities:

•	Poor Bottom 1/3	Average Middle 1/3	Good Top 1/3	Outstanding Top 5%	Inadequate opportunity to observe
Intellectual ability				<u> </u>	
Maturity					
English comprehension					
Undergraduate performance			<u> </u>		<u> </u>
Academic promise		<u> </u>	<u> </u>		<u> </u>

What is your candid opinion of the applicant's chances of completing the program applied for, considering; intellectual capacity, promise of productive scholarship, and potential for research; relative standing among contemporary graduates; ability to follow a course in which the medium of instruction is English; and practical experience, if any, in the chosen area of study?

If the applicant has applied for financial aid, which is awarded competitively, please state any outstanding qualities of the applicant including scholastic performance, leadership, personality, and potential for contributing to the development of his/her country, that would justify selection against other well qualified applicants.

You, therefore	☐ strongly recommend ☐ recommend	that this applicant be admitted to the applied program at CMU.
	☐ recommend with some reservat	ion
	☐ do not recommend	
<i>:</i>		
Signature		Date

Please return by AIRMAIL DIRECTLY to Dean The Graduate School Chiang Mai University Chiang Mai 50200 Thailand

Inquiries: Phone (6653) 942422 Fax. (6653) 942435 E-mail: suthalee@chiangmai.ac.th