APPLICATION FORM

BA in Language and Culture (International Program)
Faculty of Arts, Chulalongkorn University

FOR ACADEMIC YEAR 20….. ROUND ……..

APPLICANT NO. □□□□□

PLEASE USE BLOCK LETTERS.

FIRST NAME: _________________________________
LAST NAME: _________________________________
FULL NAME (IN THAI): _________________________

Please attach your photograph.
(2 inches/4 cm X 5.23 cm)

This application form has nine pages and it is divided into six parts. Please read the instructions carefully. After completing the form, please affix your signature on the last page before submitting your application.

Part I DOCUMENT

Part II PERSONAL INFORMATION

Part III FAMILY BACKGROUND AND PARENTAL CONTACT INFORMATION

Part IV EDUCATIONAL BACKGROUND

Part V FOREIGN LANGUAGE SKILLS, AWARDS/SCHOLARSHIPS, ACTIVITIES

Part VI STATEMENT OF PURPOSE

Part VII HEALTH CHECKLIST
### PART I DOCUMENT CHECKLIST

Please tick ✓ in the box provided to ensure that you have enclosed the required documents.

<table>
<thead>
<tr>
<th>DOCUMENTS</th>
<th>FOR APPLICANT</th>
<th>FOR OFFICE USE</th>
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</thead>
<tbody>
<tr>
<td><strong>1. COMPLETED APPLICATION FORM AND YOUR STATEMENT OF PURPOSE WITH YOUR SIGNATURE</strong></td>
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<td><strong>2. COPY OF IDENTITY CARD OR PASSPORT</strong></td>
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<td><strong>3. ORIGINAL &amp; COPY OF OFFICIAL HIGH SCHOOL CERTIFICATE AND TRANSCRIPT</strong></td>
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<td>(<em>For foreign qualifications, please contact Chulalongkorn University Academic Testing Center (<a href="http://www.atc.chula.ac.th/TCAS/home.html">http://www.atc.chula.ac.th/TCAS/home.html</a>) for High School Equivalence Certificate before applying)</em></td>
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<td><strong>4. ORIGINAL ENGLISH PROFICIENCY TEST SCORES (TOEFL, IELTS, OR CU-TEP)</strong></td>
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<td><strong>5. ORIGINAL APTITUDE TEST SCORES (SAT, CU-AAT, OR ACT)</strong></td>
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<td><strong>6. ONE 1” INCH AND 2” INCH PHOTOS WITH YOUR NAME WRITTEN ON THE BACK (ONE 2” INCH OF WHICH IS AFFIXED TO THE FRONT PAGE OF THIS APPLICATION FORM)</strong></td>
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<td><strong>7. 1,000 BAHT NON-REFUNDABLE APPLICATION FEE</strong></td>
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</table>
PART II PERSONAL INFORMATION

PERSONAL STUDENT INFORMATION

NAME: __________________________________________ NICKNAME: ________________

FIRST                                         LAST

NATIONAL ID/PASSPORT NO:__________________ AGE: _____ NATIONALITY: _________

DATE OF BIRTH: ______________________ GENDER IDENTITY: ______________________

DD /MM / YY

MOBILE PHONE:____________________ E-MAIL: ________________________________

CURRENT ADDRESS: ________________________________________________________

________________________________________________________________________

________________________________________________________________________

[PARENTS' HOUSE] [COUSIN'S HOUSE] [APARTMENT/CONDO]

[ ] OTHER (PLEASE SPECIFY) ____________________________________________

IF YOUR HOMETOWN IS IN ANOTHER PROVINCE, HOW OFTEN DO YOU RETURN HOME?

[ ] EVERY WEEK [ ] ONCE A MONTH [ ] ONLY DURING VACATION

ANY MEDICAL PROBLEMS? YES [ ] NO [ ]

IF SO, PLEASE IDENTIFY ____________________________________________

RELIGIOUS/SPIRITUAL PREFERENCE:

[ ] BUDDHISM [ ] CHRISTIANITY [ ] ISLAM [ ] HINDUISM [ ] SIKHISM

[ ] OTHER (PLEASE IDENTIFY)

________________________________________________________________________
PART III  FAMILY BACKGROUND AND PARENTAL CONTACT INFORMATION

PLEASE FILL AT LEAST ONE GUARDIAN’S INFORMATION, IF POSSIBLE.

GUARDIAN NO.1 NAME: _______________________________  AGE: ______
OCCUPATION: ___________________ POSITION: ___________________
ADDRESS: _______________________________________________________________
HOME PHONE: ___________________ MOBILE PHONE: __________________
E-MAIL: ________________________ RELATIONSHIP WITH GUARDIAN NO.1 __________

GUARDIAN NO.2 NAME: _______________________________  AGE: ______
OCCUPATION: ___________________ POSITION: ___________________
ADDRESS: _______________________________________________________________
HOME PHONE: ___________________ MOBILE PHONE: __________________
E-MAIL: ________________________ RELATIONSHIP WITH GUARDIAN NO.2 __________

BIRTH ORDER: YOU ARE THE _______ CHILD OF YOUR FAMILY
NUMBER OF BROTHERS/SISTERS: ___________  AGE: _______________________
OCCUPATION: __________________________________________________________
PARENTS’ RELATIONSHIP STATUS: [ ] TOGETHER [ ] SEPARATED [ ] DIVORCED

EMERGENCY CONTACT:
[ ] GUARDIAN NO.1 [ ] GUARDIAN NO.2 [ ] OTHER (Information below)

NAME: ______________________________________________ RELATIONSHIP: __________
ADDRESS: ______________________________________________
HOME PHONE: ___________________ MOBILE PHONE: __________________
E-MAIL: __________________________________________
# Part IV  EDUCATIONAL BACKGROUND

**EDUCATIONAL BACKGROUND**

(A) LIST YOUR ACADEMIC HISTORY FROM SECONDARY SCHOOL ONWARD, STARTING WITH THE MOST RECENT

<table>
<thead>
<tr>
<th>INSTITUTION</th>
<th>COUNTRY</th>
<th>END YEAR</th>
<th>DEGREE</th>
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(B) ENGLISH PROFICIENCY TESTS:

**WE DO NOT ACCEPT TOEFL ITP**

- TOEFL (INTERNET-BASED)  TOTAL SCORE: _______
- IELTS  OVERALL BAND: _______
- CU-TEP  TOTAL SCORE: _______

(C) APTITUDE TESTS:

- SAT  EVIDENCE-BASED READING AND WRITING: _______
- CU-AAT  VERBAL SCORE: _______
- ACT  ENGLISH AND READING SCORE: _______
Part V  LANGUAGE SKILLS, OTHER ACHIEVEMENTS AND TEST SCORES

LANGUAGES AND LEVELS OF COMMAND (VERY GOOD/GOOD/FAIR)

<table>
<thead>
<tr>
<th>LANGUAGE(S)</th>
<th>WRITING</th>
<th>READING</th>
<th>SPEAKING</th>
<th>LISTENING</th>
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<tbody>
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AWARDS AND SCHOLARSHIPS

PLEASE LIST ALL AWARDS AND SCHOLARSHIPS YOU HAVE RECEIVED.

1. AWARDS/SCHOLARSHIPS __________________________ YEAR: _________
   AWARDING ORGANIZATION: ________________________________________________

2. AWARDS/SCHOLARSHIPS __________________________ YEAR: _________
   AWARDING ORGANIZATION: ________________________________________________

3. AWARDS/SCHOLARSHIPS __________________________ YEAR: _________
   AWARDING ORGANIZATION: ________________________________________________

ACTIVITY

EXTRA-CURRICULAR ACTIVITIES (CLUBS, SOCIAL, GROUPS)

PLEASE SPECIFY: _______________________________________________________

___________________________________________________________________
PART VI STATEMENT OF PURPOSE

Please write your answer in the space provided. (max. 1,000 words)

WHY ARE YOU INTERESTED IN OUR PROGRAM? WHAT DO YOU EXPECT TO GAIN FROM OUR PROGRAM?
________________________________________________________________________________________
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Part VII HEALTH CHECKLIST

THIS INFORMATION IS CONFIDENTIAL. IT WILL BE USED TO CARE FOR YOUR PERSONAL DEVELOPMENT. IT IS NOT REQUIRED IF YOU DO NOT FEEL COMFORTABLE. ANSWERS OR LACK OF ANSWERS FOR THESE QUESTIONS WILL NOT IMPACT YOUR CHANCES OF SELECTION.

Read over the list below of possible health concerns and check each box which corresponds to your current situation, using the following scale 0-3 (0= no problem, 1=slight problem, 2=significant problem, 3=highly significant problem).

NO PROBLEM                          HIGHLY SIGNIFICANT PROBLEM

1. ADJUSTMENT ISSUES

2. ANXIETY

3. DEPRESSION

4. IRRITABILITY/ANGER MANAGEMENT

5. RELATIONSHIPS WITH FAMILY/FRIENDS

6. SELF-ESTEEM /SELF CONFIDENCE

7. SLEEPING PROBLEMS

8. STRESS MANAGEMENT

9. OTHER (PLEASE IDENTIFY)__________________________________________________
__________________________________________________________________________
__________________________________________________________________________

I hereby certify that the information on this application is complete, accurate, and true. I agree to abide by the policies and regulations of Chulalongkorn University. I also understand that the decision by the BA in Language and Culture Program Admission Committee and/or Chulalongkorn University for admission and/or enrollment is final.

Signature _____________________________ Date ____________________