



APPLICATION FORM

BA in Language and Culture (International Program)

Faculty of Arts, Chulalongkorn University

FOR ACADEMIC YEAR 20..... ROUND

APPLICANT NO. B□□□□

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.

DOCUMENTS	FOR APPLICANT	FOR OFFICE USE
1. COMPLETED APPLICATION FORM AND YOUR STATEMENT OF PURPOSE WITH YOUR SIGNATURE		
2. COPY OF IDENTITY CARD OR PASSPORT		
3. ORIGINAL & COPY OF OFFICIAL HIGH SCHOOL CERTIFICATE AND TRANSCRIPT (*For foreign qualifications, please contact Chulalongkorn University Academic Testing Center (http://www.atc.chula.ac.th/TCAS/home.html) for High School Equivalence Certificate before applying)		
4. ORIGINAL ENGLISH PROFICIENCY TEST SCORES (TOEFL, IELTS, OR CU-TEP)		
5. ORIGINAL APTITUDE TEST SCORES (SAT, CU-AAT, OR ACT)		
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)		
7. 1,000 BAHT NON-REFUNDABLE APPLICATION FEE		

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

INSTITUTION	COUNTRY	END YEAR	DEGREE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(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)

	LANGUAGE(S)	WRITING	READING	SPEAKING	LISTENING
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

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)

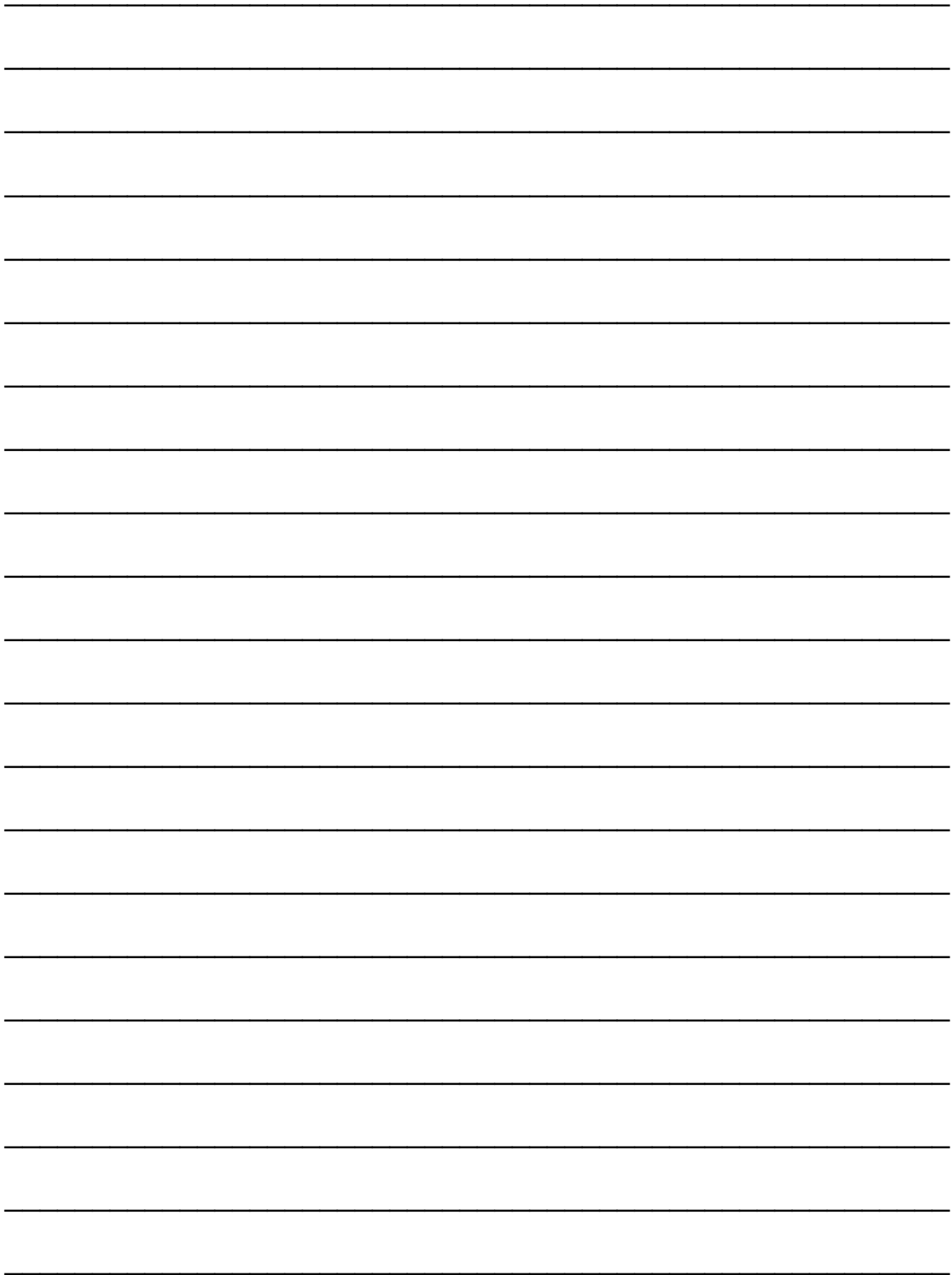
PLEASE SPECIFY: _____

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?


[illegible]



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
						
	0	1	2	3		
1. ADJUSTMENT ISSUES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. ANXIETY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. DEPRESSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. IRRITABILITY/ANGER MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. RELATIONSHIPS WITH FAMILY/FRIENDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. SELF-ESTEEM /SELF CONFIDENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. SLEEPING PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. STRESS MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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 _____

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