



# APPLICATION FORM

BA in Language and Culture (International Program)

Faculty of Arts, Chulalongkorn University

FOR ACADEMIC YEAR 20..... ROUND .....

---



PLEASE USE BLOCK LETTERS.

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FULL NAME (IN THAI): \_\_\_\_\_

Please attach your  
photograph.

---

*This application form has ten 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 CHECK LIST
- Part II           PERSONAL INFORMATION
- Part III          FAMILY BACKGROUND AND PARENTAL CONTACT INFORMATION
- Part IV          EDUCATIONAL BACKGROUND
- Part V            LANGUAGE SKILLS , OTHER ACHIEVEMENTS AND TEST SCORES
- Part VI          HEALTH CHECKLIST
- Part VII         STATEMENT OF PURPOSE

# PART I

# DOCUMENT CHECK LIST

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 AFFIXED SIGNATURE		
2. COPY OF IDENTITY CARD OR PASSPORT		
3. ORIGINAL & COPY OF OFFICIAL HIGH SCHOOL CERTIFICATE AND TRANSCRIPT		
4. ORIGINAL ENGLISH PROFICIENCY TEST SCORES (TOEFL, IELTS, OR CU-TEP)		
5. ORIGINAL APTITUDE TEST SCORES (OLD SAT , NEW SAT, CU-AAT, OR ACT)		
6. ONE 1x1-INCH AND 2x2 INCH PHOTOS WITH YOUR NAME WRITTEN ON THE BACK (ONE 2x2 INCH OF WHICH IS AFFIXED TO THE FRONT PAGE OF THIS APPLICATION FORM)		
7. 1000 BAHT NON-REFUNDABLE APPLICATION FEE		

# PART II

# PERSONAL INFORMATION

## PERSONAL STUDENT INFORMATION

NAME: \_\_\_\_\_ STUDENT ID :

FIRST

LAST

NICKNAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

MM / DD / YY

GENDER:  FEMALE  MALE NATIONALITY: \_\_\_\_\_

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

## FAMILY BACKGROUND AND PARENTAL CONTACT INFORMATION

FATHER'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  ALIVE  DECEASED

OCCUPATION: \_\_\_\_\_ POSITION: \_\_\_\_\_

SALARY: \_\_\_\_\_ BAHT/MONTH

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  A LIVE  DECEASED

OCCUPATION: \_\_\_\_\_ POSITION: \_\_\_\_\_

SALARY: \_\_\_\_\_ BAHT/MONTH

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

BIRTH ORDER: YOU ARE THE \_\_\_\_\_ CHILD OF YOUR FAMILY

NUMBER OF BROTHERS/SISTERS: \_\_\_\_\_ AGE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

PARENTS' RELATIONSHIP STATUS:  TOGETHER  SEPARATED  DIVORCED

IF YOUR PARENTS HAVE PASSED AWAY, SEPERATED OR DIVORCED, WHO IS YOUR GUARDIAN OR SPONSOR?

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

OCCUPATION : \_\_\_\_\_

MOBILE PHONE NO.: \_\_\_\_\_ SALARY: \_\_\_\_\_ BAHT/MONTH

YOUR SPONSOR EARNS INCOME REGULARLY:  YES  NO

ALLOWANCE YOU RECEIVE:  DAILY  WEEKLY  MONTHLY

TOTAL ALLOWANCE YOU RECEIVE MONTHLY: \_\_\_\_\_ BAHT

### EMERGENCY CONTACT:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

# Part IV EDUCATIONAL BACKGROUND

## EDUCATIONAL BACKGROUND

(A) LIST YOUR ACADEMIC DEGREES & OTHER STUDIES YOU HAVE DONE, STARTING WITH THE MOST RECENT

INSTITUTION	LOCATION	DATES	DEGREE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(B) LANGUAGE PROFICIENCY TESTS:

- |                                 |   |                    |
|---------------------------------|---|--------------------|
| <input type="checkbox"/> TOEFL  | <input type="checkbox"/> INTERNET-BASED | TOTAL SCORE: _____ |
|                                 | <input type="checkbox"/> PAPER-BASED    | TOTAL SCORE: _____ |
|                                 | <input type="checkbox"/> COMPUTER-BASED | TOTAL SCORE: _____ |
| <input type="checkbox"/> IELTS  | OVERALL BAND : _____                    |                    |
| <input type="checkbox"/> CU-TEP | TOTAL SCORE : _____                     |                    |

APTITUDE TESTS:

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> OLD SAT | CRITICAL READING SCORE: _____             |
| <input type="checkbox"/> NEW SAT | EVIDENCE-BASED READING AND WRITING: _____ |
| <input type="checkbox"/> CU-AAT  | VERBAL SCORE: _____                       |
| <input type="checkbox"/> ACT     | ENGLISH SCORE: _____                      |

(C) OTHER LANGUAGE PROFICIENCY SCORES (IF REQUIRED): \_\_\_\_\_

NATIVE LANGUAGE \_\_\_\_\_

# Part V LANGUAGE SKILLS , OTHER ACHIEVEMENTS AND TEST SCORES

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

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

## AWARDS AND SCHOLARSHIPS

PLEASE LIST ALL AWARDS AND SCHOLARSHIPS YOU HAVE RECEIVED.

1. ACHIEVEMENT: \_\_\_\_\_ DATE (MM/YY): \_\_\_\_\_

AWARDING ORGANIZATION: \_\_\_\_\_

2. ACHIEVEMENT: \_\_\_\_\_ DATE (MM/YY): \_\_\_\_\_

AWARDING ORGANIZATION: \_\_\_\_\_

3. ACHIEVEMENT: \_\_\_\_\_ DATE (MM/YY): \_\_\_\_\_

AWARDING ORGANIZATION: \_\_\_\_\_

## ACTIVITY

EXTRA-CURRICULAR ACTIVITIES (CLUBS, SOCIAL, GROUPS)

NONE     WEEKLY     MONTHLY

TYPE OF SOCIAL ACTIVITY (IES):

\_\_\_\_\_

\_\_\_\_\_

# Part VI HEALTH CHECKLIST

## HEALTH CHECKLIST

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  $\longrightarrow$  HIGHLY SIGNIFICANT PROBLEM

0 1 2 3

1. ADJUSTMENT ISSUES

0	1	2	3
---	---	---	---

2. ALCOHOL / DRUGS

0	1	2	3
---	---	---	---

3. ANXIETY

0	1	2	3
---	---	---	---

4. DEPRESSION

0	1	2	3
---	---	---	---

5. HOMESICKNESS

0	1	2	3
---	---	---	---

6. IRRITABILITY/ ANGER

0	1	2	3
---	---	---	---

7. MAKING FRIENDS

0	1	2	3
---	---	---	---

8. PERFECTIONISM

0	1	2	3
---	---	---	---

9. RELATIONSHIPS WITH FAMILY

0	1	2	3
---	---	---	---

10. RELATIONSHIPS WITH FRIENDS

0	1	2	3
---	---	---	---

11. SELF-ESTEEM / SELF CONFIDENCE

0	1	2	3
---	---	---	---

12. SEXUAL IDENTITY

0	1	2	3
---	---	---	---

13. SLEEPING PROBLEMS

0	1	2	3
---	---	---	---

14. STRESS MANAGEMENT

0	1	2	3
---	---	---	---

15. ACADEMIC DIFFICULTIES

0	1	2	3
---	---	---	---

16. OTHER (PLEASE IDENTIFY) \_\_\_\_\_

---



---



---



---

(This information will be confidential and will not affect the admission results)





