APPLICATION FORM
BA in Language and Culture (International Program)
Faculty of Arts, Chulalongkorn University
FOR ACADEMIC YEAR 20..... ROUND ........

EASE USE BLOCK LETTERS.
FIRST NAME: _________________________________
LAST NAME: _________________________________
FULL NAME (IN THAI): _________________________

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 CHECK LIST
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 HEALTH CHECKLIST
Part VII STATEMENT OF PURPOSE
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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<tbody>
<tr>
<td>1. COMPLETED APPLICATION FORM AND YOUR STATEMENT OF PURPOSE WITH YOUR AFFIXED SIGNATURE</td>
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<td>2. COPY OF IDENTITY CARD OR PASSPORT</td>
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<td>3. ORIGINAL &amp; COPY OF OFFICIAL HIGH SCHOOL CERTIFICATE AND TRANSCRIPT</td>
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<td>(*For foreign degrees, please contact Chulalongkorn University Academic Testing Center <a href="http://www.atc.chula.ac.th">http://www.atc.chula.ac.th</a> for Degree Equivalence Certificate before applying.)</td>
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<td>4. ORIGINAL ENGLISH PROFICIENCY TEST SCORES (TOEFL, IELTS, OR CU-TEP)</td>
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<td>5. ORIGINAL APTITUDE TEST SCORES (SAT, CU-AAT, OR ACT)</td>
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<td>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)</td>
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<td>7. 1000 BAHT NON-REFUNDABLE APPLICATION FEE</td>
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PART II PERSONAL INFORMATION

PERSONAL STUDENT INFORMATION

NAME: ___________________________ NICKNAME: ________________________
FIRST LAST

NATIONAL ID/PASSPORT NO: ______________ AGE: ______ NATIONALITY: ______

DATE OF BIRTH: __________________ GENDER: FEMALE ☐ MALE ☐
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

FAMILY BACKGROUND AND PARENTAL CONTACT INFORMATION

FATHER’S NAME: _______________________________ AGE: ______

OCCUPATION: __________________ POSITION: __________________

ADDRESS: ________________________________________________

HOME PHONE: ____________________ MOBILE PHONE: __________

E-MAIL: _____________________________

MOTHER’S NAME: _______________________________ AGE: ______

OCCUPATION: __________________ POSITION: __________________

ADDRESS: ________________________________________________

HOME PHONE: ____________________ MOBILEPHONE: __________

E-MAIL: _____________________________

BIRTH ORDER: YOU ARE THE ______ CHILD OF YOUR FAMILY

NUMBER OF BROTHERS/SISTERS: _________ AGE: __________________

OCCUPATION: ________________________________________________

PARENTS’ RELATIONSHIP STATUS: □ TOGETHER □ SEPARATED □ DIVORCED

IF APPLICABLE, WHO IS YOUR GUARDIAN OR SPONSOR?

NAME: ________________________________ RELATIONSHIP: __________

OCCUPATION: ________________________________________________

MOBILEPHONE NO.: ___________ E-MAIL: __________________________

EMERGENCY CONTACT:

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:

- TOEFL
  - INTERNET-BASED  TOTAL SCORE: ______
  - PAPER-BASED  TOTAL SCORE: ______
  - COMPUTER-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 SCORE: ______
Part V LANGUAGE SKILLS, OTHER ACHIEVEMENTS AND TEST SCORES

OTHER 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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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  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).

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)_____________________________________________________

_____________________________________________________

_____________________________________________________

________________________________________________________________________

________________________________________________________________________
WHY ARE YOU INTERESTED IN OUR PROGRAM? WHAT DO YOU EXPECT TO GAIN FROM OUR PROGRAM?

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