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): _________________________

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

Please attach your photograph.
(2 inches/4 cm X 5.23 cm)
## 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>1. COMPLETED APPLICATION FORM AND YOUR STATEMENT OF PURPOSE WITH YOUR SIGNATURE</td>
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<tr>
<td>2. COPY OF IDENTITY CARD OR PASSPORT</td>
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<tr>
<td>3. ORIGINAL &amp; COPY OF OFFICIAL HIGH SCHOOL CERTIFICATE AND TRANSCRIPT</td>
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<td>(*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)</td>
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<tr>
<td>4. ORIGINAL ENGLISH PROFICIENCY TEST SCORES (TOEFL, IELTS, OR CU-TEP)</td>
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<tr>
<td>5. ORIGINAL APTITUDE TEST SCORES (SAT, CU-AAT, OR ACT)</td>
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<tr>
<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. 1,000 BAHT NON-REFUNDABLE APPLICATION FEE</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: _______________________________
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: ______
  - 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

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: ____________________________________________________

______________________________________________________________
WHY ARE YOU INTERESTED IN OUR PROGRAM? WHAT DO YOU EXPECT TO GAIN FROM OUR PROGRAM?
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).

<table>
<thead>
<tr>
<th>NO PROBLEM</th>
<th>HIGHLY SIGNIFICANT PROBLEM</th>
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<tbody>
<tr>
<td>0 1 2 3</td>
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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 ____________________

(                 )