



**APPLICATION FORM FOR THE SCHOLARSHIP PROGRAM FOR ASEAN COUNTRIES
CHULALONGKORN UNIVERSITY**

PART ONE : (to be completed by the applicant : **Application must be typed**)

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1. Name : Mr./Ms./Mrs. _____
First name Family name

2. Date of Birth : _____ **3. Age:** _____
(year) (month) (date)

4. Nationality : _____ **5. Marital Status :** _____

Passport Number _____

6. Name of the University/Institution : _____

City _____ Country _____

Current Title/Position _____

7a. Office address : Faculty _____ Department _____

Tel _____ Fax _____ E-mail _____

b. Home address : _____

8. Academic qualifications :

Bachelor's degree

Institution _____ Country _____

Field of study _____ G.P.A. _____

Master's degree

Institution _____ Country _____

Field of study _____ G.P.A. _____

9. Please indicate which faculty of Chulalongkorn University you are applying for.

Faculty _____ Department _____

Field of study _____

10. Language proficiency (“Poor”, “Fair”, “Good”, “Excellent”).

	Foreign language	Listening	Reading	Speaking	Writing
1.					
2.					
3.					

If you have taken the test of English as a Foreign Language (TOEFL or IELTS), what was your score? _____ (Please attach an official score report issued within the last two years).

11. Previous scholarships, fellowships, grants, and other honors or awards.

12. Are you applying for financial aid from government, international organization or other than Chulalongkorn University? If so, please give details.

13. List all the academic or other positions you held or had been holding in chronological order and with dates.

14. If you have visited or lived in any countries other than the one in which you are now residing, please give places, dates, and purposes.

15. Health insurance :

Chulalongkorn University has a hospital facility. However, foreign students must have comprehensive health insurance policy to cover medical services in case of serious illness requiring hospitalization. If not, all medical expenses incurred will be borne by recipients

Name of the medical insurance agency _____

No. of membership _____ Address of the agency _____

16. Publications : (Attach additional pages if necessary).

17. Proposed plan of study or research (Write in detail/Attached additional page if necessary)

18. Brief description of applicant's present position and responsibilities at your home institution :

19. Plan after completing study at Chulalongkorn University.

I declare that the information given is true and correct to the best of my knowledge and that if I have been awarded a scholarship, I agree to comply with the rules and regulations of Chulalongkorn University.

Signature of Applicant _____

Date _____

PART TWO : Institution approved (Must be signed by the President /Rector,Dean,Head of the applicant's home university/Institution)

TO : CHULALONGKORN UNIVERSITY

We approve and recommend the application of _____
for scholarship in support of Chulalongkorn University. Upon completion of the degree program undertaken, the above name is expected and obligated to resume appropriate duties at his/her university.

Signed _____

Name (_____)

Title _____

Date _____

Appendix

Conditions of Scholarships:

1. The scholarship period **cannot be extended.**
2. The recipients are not permitted to postpone a period of the scholarship acceptance as proposed by Chulalongkorn University.
3. The recipients are not permitted to accept any employment in Thailand during the term of their scholarships.
4. The recipients must residence in Thailand during the scholarship period

In case of the scholarship recipient wishes to leave Thailand during the semester, he/she has to inform the University of his/her departure through the Advisor where he/she is studying and the advisor must give assurance that his/her absence will not interrupt his/her studies. Once the request is approved by the University, the scholarship recipient will be able to depart. In this regard, the University will not be responsible for the airfare. If his/her absence is more than 10 days, he/she will not be entitled to the living allowance for the month (s) of his/her absence.

5. The scholarship recipients must submit a study reports and study progress with the approval from thesis advisor to the Office of Academic Affairs, Chulalongkorn University at the end of each semester.

Health insurance :

Chulalongkorn University has a health service center facility. However, Foreign students must have comprehensive health insurance policy to cover medical services in case of serious illness requiring hospitalization. If not, all medical expenses incurred will be borne by recipients.

Suspension and termination of scholarships :

These scholarships will be suspended or terminated for the following reasons :

1. Serious illness of recipients.

The scholarship recipient is deemed to be seriously ill and not physically fit to carry on with his/her studies.

2. GPA lower than 3.00 in 2 consecutive semesters.
3. Absence of scholarship recipients without notice or reasonable explanation.

Student departs Thailand for over 10 days without the consent of his/her academic advisor and the approved by the University.

I accepted the information provided above is the best of my knowledge. If I have been awarded a scholarship, I agree to comply with the rules and regulations of Chulalongkorn University.

Signature of Applicant _____ Date _____

Please check that you have enclosed all the relevant documents with your application:

- ☐ Completed application form. **[application form for scholarship program for ASEAN Countries]**
- ☐ Curriculum Vitae
- ☐ Copy of Certificate of Graduation and an official transcript of academic records
- ☐ English proficiency score record
- ☐ Copy of passport
- ☐ Study plan / description of academic interests (on a separate sheet of A4-sized paper)
- ☐ Two 1-inch-colored photos (with blue background) taken no more than six months in polite attire, signed on the reverse side, one of which should be attached to the application form
- ☐ Two recommendation letters from the Head, the Director or the Dean which the application belongs to.
- ☐ Nomination letter from the home institution/university. This letter needs to be confirmed that the applicant will return to teach/work at their home institution after graduation from Chulalongkorn University
- ☐ Physical examination certificate from a hospital in candidate's home countries.
- ☐ An appendix.

Send all application documents directly to the faculty/program of their choice. Please note that the application date and selection schedule of the applicants has set by each of the faculty/program.

Signature of Applicant _____

Date _____