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| E:\สื่อสิ่งพิมพ์-ออกแบบ\ภาพประกอบ (พื้นหลัง)\ตราคณะ\19511851_1478141345582560_364863336_n.jpg**E:\สื่อสิ่งพิมพ์-ออกแบบ\Logo copy.JPG คณะศิลปศาสตร์และวิทยาการจัดการ** **Faculty of Liberal Arts and Management Science****LAMS - International Exchange Program Application Form** **Please Type Your Information in The Space Provided Below** | **Photo** |
| **PERSONAL DETAIL** |
| First name | Last name | Gender  Male Female |
| ชื่อ (ภาษาไทย) | นามสกุล (ภาษาไทย) | ชื่อเล่น |
| Date of birth | Passport number (If any) | Expired date |
| **ACADEMIC BACKGROUND** |
| Name of your program | Student ID number |
| Name of your advisor | GPA | Year of study |
| Language competency English Chinese other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Fair Good Fluent Excellent |
| TOEIC Score: | Other English Assessment (ie. IELTS, TOEFL): |
| If you have not an English assessment score, would you like to attend TOEIC test? Yes No |
| Extra activities |
| **CONTACT INFORMATION** |
| Home Tel. No. (student) | Mobile No. (student) | E-mail (student) |
| Parent’s name  | Relationship |
| Home Tel. No. (Parent) | Mobile No. (Parent) | E-mail (Parent) |
| **INTERNSHIP INFORMATION** |
| Purpose of exchange program Internship (duration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) Cooperative program (duration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  Research (duration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) Conference (duration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  |
| List of your interests institutions for training (in order of preferences) |
| Name of university / institution | Country |
| 1. |  |
| 2. |  |
| Have you ever been abroad? Yes No (If yes, where and what was the purpose of the trip?  |
| Why do you prefer to have an international exchange program? (attached extra pages) |
|  I certify that I have read and understood all questions in this application and the answers I have furnished on this form are true and correct. I understand that any false or misleading statement may result in the refusal of exchange  |
| APPLICATION’S SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | DATE (dd-mm-yyyy)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Acknowledged and approved by** |
| ADVISOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DATE (dd-mm-yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Internship coordinator signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DATE (dd-mm-yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |