



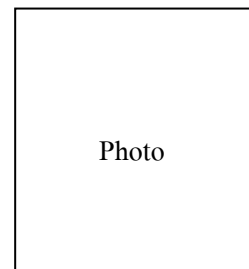
FACULTY OF PHARMACEUTICAL SCIENCES  
KHON KAEN UNIVERSITY

International Relations Office

123 Mitthaphap Highway, Khon Kaen 40002, Thailand

Tel./Fax +66-43-202-305

Pharm Form 1



**APPLICATION FORM FOR SCHOLARSHIP ACCEPTANCE**

**For studying at the Faculty of Pharmaceutical Sciences, Khon Kaen University, Thailand**

Please complete two copies of this form and return them with your references

and all other supporting documentation to the Khon Kaen University at the above address.

COMPLETE ALL THREE PAGES IN CAPITALS LETTER AND CHECK BOXES AS APPROPRIATE

**PART 1 : FOR STUDENT\***

**1. APPLICANT INFORMATION**

**Educational Level**

Bachelor's Degree .....(please indicate the full degree name)

Graduate Diploma .....(please indicate the full degree name)

Master's Degree .....(please indicate the full degree name)

Plan A1

Plan A2

Plan B

Doctoral Degree .....(please indicate the full degree name)

Type 1.1

Type 1.2

Type 2.1

Type 2.2

Other .....please indicate the program name)

**Subject/Area of Study:** \_\_\_\_\_

**Attending in Period of Study Starts: Semester**  First  Second  Summer

**Academic Year** \_\_\_\_\_

**Email address-concerned adult:** \_\_\_\_\_ **Student's telephone:** \_\_\_\_\_

## 2. PERSONAL INFORMATION

|  |                   |  |                   |
|--|-------------------|--|-------------------|
| <b>LAST NAME/FAMILY NAME</b>   | <b>FIRST NAME</b> | <b>MIDDLE NAME(S)</b>                                  | <b>TITLE</b>      |
| _____  | _____             | _____  | _____             |
| <b>GENDER:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male |                   | <b>DATE OF BIRTH (DD/MM/YY):</b> _____ / _____ / _____ |                   |
| <b>COUNTRY OF BIRTH</b> _____  |                   | <b>NATIONALITY</b> _____                               |                   |
| <b>PERMANENT ADDRESS:</b> _____  |                   |  |                   |
| _____  |                   |  |                   |
| <b>E-mail:</b> _____   |                   | <b>Tel:</b> _____                                      | <b>Fax:</b> _____ |
| <b>CORRESPONDENCE ADDRESS:</b> _____   |                   |  |                   |
| _____  |                   |  |                   |
| <b>E-mail:</b> _____   |                   | <b>Tel:</b> _____                                      | <b>Fax:</b> _____ |

## 3. ACADEMIC BACKGROUND (Please name program & university or school and year of graduation)

| 3.1<br>Degree/certificate | Subject / Major | School / Institution / University,<br>Country | Date Received | G.P.A. |
|---------------------------|-----------------|---|---------------|--------|
| Bachelor's<br>Degree      |                 |   |               |        |

|   |  |
|---|--|
| <b>Research<br/>/Exploration<br/>(If any)</b> |  |
|---|--|

| 3.2<br>Degree/certificate | Subject / Major | School / Institution / University,<br>Country | Date Received | G.P.A. |
|---------------------------|-----------------|---|---------------|--------|
| Master's Degree           |                 |   |               |        |

|                     |  |   |  |
|---------------------|--|---|--|
| <b>Thesis Title</b> |  |   |  |
| <b>Article</b>      | <b>International Journal</b> _____ (Figures) | <b>Internal Journal</b> _____ (Figures) |  |
| <b>Proceeding</b>   | <b>International</b> _____ (Figures)         | <b>Internal</b> _____ (Figures)         |  |
| <b>Others</b>       |  |   |  |

#### 4. CAREER HISTORY RELEVANT PHARMACY.\*

Please give details of employment and/ or professional experience: (if relevant)

| Dates<br>(From.... To .....) | Nature of work and position held | Name and address of employer |
|------------------------------|----------------------------------|------------------------------|
|                              |                                  |                              |

#### 5. FINANCIAL SUPPORT. Please specify your source of financial support for study:

- Scholarship (Please name): \_\_\_\_\_ Duration (From year) \_\_\_\_\_ to \_\_\_\_\_  
 Amount : \_\_\_\_\_
- Betwixt of request for scholarship (Please name): \_\_\_\_\_  
 Amount : \_\_\_\_\_
- Family
- Employer
- Others \_\_\_\_\_

#### 6. ACADEMIC INTERESTS AND PURPOSE OF STUDY.

Please use this space to describe your special academic interests and your purpose and objectives in undertaking study. If you are applying for a research degree (Master's degree Plan A(1); or Doctoral degree Type 1(1) and Type 2(2), please state the proposed research subject as accurately as possible (i.e. thesis topic). Please use an additional sheet if needed.

#### 7. ENGLISH LANGUAGE COMPETENCE

- Speaking:     Poor         Fair         Good         Excellent
- Listening:    Poor         Fair         Good         Excellent
- Reading:      Poor         Fair         Good         Excellent
- Writing:       Poor         Fair         Good         Excellent

If your native language is not English, the English proficiency test is required. Please list the formal English Language qualifications you have already obtained and any that you are planing to take in the near future. Please enclose certificates for qualifications already obtained.

English Qualification Test: \_\_\_\_\_ Result: \_\_\_\_\_

Date of the Test: \_\_\_\_\_

**8. Letters of Recommendation**

Please name two referees who are your teachers in higher education or who have direct knowledge of your academic work. Please include the Letters of Recommendation (IRO form 9) in sealed envelopes with your Application Form package.

**Referee 1**

**Referee 2**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

**9. PLEASE CHECK IF YOU HAVE ENCLOSED ALL THE RELEVANT DOCUMENTS WITH YOUR APPLICATION.**

- 2 copies of application form with attached photographs (IRO Form 1)
- 2 Letters of recommendation in signed and sealed envelopes (IRO Form 9)
- Transcripts of studies
- English language certificate (if available)
- Other documents.....(please specify)
- US\$...... non-refundable application fee, or

**I certify that the above information is correct and understand that falsification of any of the above information may void my admission to KKU. I agree to comply with the regulations of the University.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART II : FOR ADVISORS\***

1. Advisor's Name: \_\_\_\_\_  
Telephone No : \_\_\_\_\_ Email : \_\_\_\_\_  
Department : \_\_\_\_\_

2. Current figure of students under your supervision :  
- Ph.D. \_\_\_\_\_ Student/s  
- Master's Degree : Thesis \_\_\_\_\_ Student/s  
- Independent Studies \_\_\_\_\_ Student/s

3. Thesis Proposal Topic of student in this application\*\* :  
Title (In Thai) \_\_\_\_\_  
(In English) \_\_\_\_\_

\*\* (Please attach the proposal copied at least 5 pages)\*\*

signature \_\_\_\_\_  
(Advisor)  
(Date \_\_\_\_/\_\_\_\_/\_\_\_\_)

**PART III : FOR CURRICULUM COMMITTEE**

To be considered by the curriculum committee in meeting on..... . The resolutions are :  
 Approve  
 Disapprove

Other matters.

.....  
.....

.....  
Chairperson's signature  
(.....)  
Date ...../...../.....