



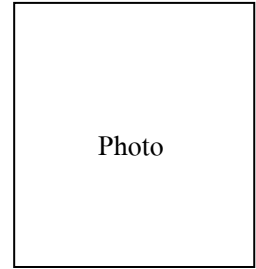
**FACULTY OF PHARMACEUTICAL SCIENCES
KHON KAEN UNIVERSITY**

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
- Otherplease 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

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

E-mail: _____		Tel: _____	
Fax: _____			
CORRESPONDENCE ADDRESS: _____			

E-mail: _____		Tel: _____	
Fax: _____			

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

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

Research /Exploration (If any)	
---	--

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

Thesis Title			
Article	International Journal _____(Figures)	Internal Journal _____(Figures)	
Proceeding	International _____(Figures)	Internal _____(Figures)	
Others			

4. CAREER HISTORY RELEVANT PHARMACY.*

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

Dates (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/...../.....