



## Application Form

Name	(Thai)		
	( English)		
Student ID			
Gender		Nationality	
Date of Birth			
Passport No.		Expired Date	
Telephone		Line ID	
E-Mail			
Faculty			
Major			
School Year	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Master <input type="checkbox"/> Doctoral	<input type="checkbox"/> 1 <sup>st</sup> year <input type="checkbox"/> 2 <sup>nd</sup> year <input type="checkbox"/> 3 <sup>rd</sup> year <input type="checkbox"/> 4 <sup>th</sup> year	
Expected date to finish enrollment at CMU	DD/MM/YYYY		
Name of Exchange Program			
Host University			
Program Period	<input type="checkbox"/> 1 Semester	<input type="checkbox"/> 2 Semesters	<input type="checkbox"/> Other _____
	From DD/MM/YYYY to DD/MM/YYYY		

Applicant's Signature

\_\_\_\_\_

Date: Day/ Month / Year

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