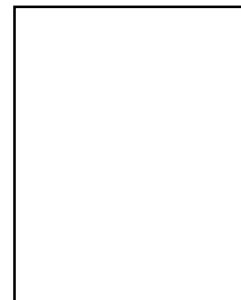




KASETSART UNIVERSITY
INTERNATIONAL EXCHANGE STUDENT
APPLICATION FORM



PART 1: PERSONAL INFORMATION

APPLICANT'S INFO	Full Name: _____		
	First	Middle	Last
	Date of Birth (dd/mm/yyyy): _____		
	Passport No.: _____		
	Date of issue (dd/mm/yyyy): _____		
	Date of Expiry (dd/mm/yyyy): _____		
Nationality: _____			
APPLYING TO	<input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate's Degree		
TYPE OF PROGRAM	<input type="checkbox"/> Study with Credit Required <input type="checkbox"/> Internship <input type="checkbox"/> Cooperative Education		
	<input type="checkbox"/> Research <input type="checkbox"/> Training <input type="checkbox"/> Study Visit <input type="checkbox"/> Summer School		
	<input type="checkbox"/> Other: _____		
	Topic: _____		
	Faculty: _____		Campus: _____
	Program Start Date (dd/mm/yyyy): _____		
	Program End Date (dd/mm/yyyy): _____		
	Semester: _____		

PART 2: CONTACT DETAILS

CONTACT ADDRESS	Address: _____	

	Postal Code: _____	Country: _____
	Tel.: _____	
	E-mail: _____	

CONTACT PERSON (in case of an emergency)	Name: _____		
	First	Middle	Last
	Address: _____ _____		
	Postal Code: _____ Country: _____		
	Tel.: _____ E-mail: _____		
Relationship with the Applicant: _____			

PART 3: HOME UNIVERSITY / INSTITUTION INFORMATION

University: _____	
Faculty: _____	Department/Major: _____
Address: _____ _____	
Country: _____	
Official Coordinator at Home University.: _____	
Official Coordinator's E-mail: _____	

PART 3: ACADEMIC RECORD

Level	University/ Institution	Country	Graduation Date (dd/mm/yyyy)	Grade Point Average	Major/Subject
High School/Diploma					
Bachelor's Degree					
Master's Degree					
Other (please specify)					

PART 4: SUPPORTING DOCUMENTS

CERTIFICATE OF ENGLISH LANGUAGE PROFICIENCY (for non-native English speaker)

☐ IELTS ☐ TOEFL ☐ TOEFL ITP

☐ Other (please specify) _____

Score: _____ Examination Date: (dd/mm/yyyy) _____ Expiry Date: (dd/mm/yyyy) _____

☐ Nomination Letter from my home university certifies my English language proficiency

PART 4: THAI EMBASSY/CONSULATE FOR VISA APPLICATION

HEALTH INSURANCE

- This is to certify that
- ☐ I have already had personal health insurance covering the period of my study.
 - ☐ I will apply for the Group Insurance through KUIC on my arrival. (The annual cost is 8,500 THB)
 - ☐ Other (please specify) _____

FINANCIAL SUPPORT

- This is to certify that
- ☐ I will be fully responsible for my tuition fee, accommodation and all other expenses.
 - ☐ I am applying for the program under a MOU between my institution and Kasetsart University.
 - ☐ I am applying for a scholarship named _____
offered by _____
 - ☐ I have been granted a scholarship from _____
The contact person for my scholarship is _____
Address _____
Postal Code: _____ Country: _____
Tel.: _____ E-mail: _____
 - ☐ Other (please specify) _____

- NOTE -

- Submitted documents must be certified copies and written in English. Documents in other languages must be accompanied by their certified English translated documents.
- The completed application materials must be submitted **before the end of May 16th, 2025.**

***** Incomplete or missing application documents will not be considered. *****

***DECLARATION** I hereby certify that I have the qualifications as specified in the admission announcement of Kasetsart University. If any of my applications are incomplete or if I have given false information in the application form, I hereby willingly permit Kasetsart University to disqualify my application without any appeals.*

Applicant's signature

Date (dd/mm/yyyy)

Contact: Kasetsart University International College

Email: admission.kuic@ku.th , kuic@ku.th

Tel. (+66) 2562 0985