



APPLICATION FORM

GRADUATE STUDIES

ASSUMPTION UNIVERSITY OF THAILAND

- Application From abroad
- ABAC City Campus
- Admissions Center (Hua Mak)
- Admissions Center (Suvarnabhumi)



Students ID

Selected Study Program

A. PERSONAL DETAILS (please complete using block capitals throughout)

Title _____ Given Name (First Name) _____ Family Name (Surname) _____

Miss / Mrs. / Mr. _____

Date of Birth _____ Country of Birth _____ Nationality _____ Religion _____

DD / MM / YYYY _____

Age _____ Citizen I.D./Passport No. _____ Date of Issue _____ Date of Expiry _____

_____ Year / Month _____ Year / Month _____

Permanent Home Address			Current Mailing Address (If different)		
			Date(s) From	To	
House Number _____	Moo _____	Soi _____	_____	_____	_____
Street Name _____	Sub-District _____		House Number _____	Moo _____	Soi _____
City _____	Province _____		Street Name _____	Sub-District _____	City _____
Zip _____	Country _____		Province _____	Zip _____	Country _____
Mobilephone No. _____			Mobilephone No. _____		
Telephone. No _____			Telephone. No _____		
Fax _____			Fax _____		
E-mail _____			E-mail _____		

Person to Notify in Case of Emergency _____

Telephone _____ Mobile Telephone _____

E-mail _____ Country _____

FOR OFFICE USE ONLY - Please do not write in this section

Date Received _____ / _____ / _____ Admission fees receipt no _____ Amount _____

(Application and Admission Fees are non-refundable)

Document Checklist

- | | | |
|---|---|---|
| <input type="checkbox"/> Residence Registration | <input type="checkbox"/> Official Transcripts Bachelor's Degree | <input type="checkbox"/> Official Transcripts Master's Degree |
| <input type="checkbox"/> Recommendation Forms | <input type="checkbox"/> Degree certificated Bachelor's Degree | <input type="checkbox"/> Degree certificated Master's Degree |
| <input type="checkbox"/> Citizen I.D. (Thai) | <input type="checkbox"/> IELTS score of _____ Date taken _____ | |
| <input type="checkbox"/> Photos | <input type="checkbox"/> TOEFL score of _____ Date taken _____ | |
| <input type="checkbox"/> Passport (Foreigner) | <input type="checkbox"/> GMAT score of _____ Date taken _____ | |

Staff Signature _____

B. EDUCATION

Level	School / College	Field / Branch	Year Completed	Grade Point Average
High School				
Bachelor's Degree				
Master's Degree				
Other (specify)				

C. EMPLOYMENT

Currently Unemployed Employed

Type of Employment	<input type="checkbox"/> Government	<input type="checkbox"/> State enterprise	<input type="checkbox"/> Private company
	<input type="checkbox"/> Other (specify)		
Current Position			
Company / Organization			
Postal Code	Country	Telephone	
Years of work Experience (Year / month(s))			

Declaration:

I, _____ (name), hereby declare that should the information given in this form later be found to be false, Assumption University may withdraw my application for admission to any study program.

I understand that Assumption University will use this information for admission proposes and as part of my student record if I am accepted.

I give my consent to the processing of my data and to any statistical and/or informational use that will not identify me.

I also confirm that the information given on this form is true, complete and accurate.

The documents submitted to the university are reserved for the university purpose only.

The university will not return to me for any circumstances.

Signature

Date of completion

____ / ____ / ____
DD / MM / YYYY