

Submission Date: _____

Forward to Faculty: _____

Returned from Faculty: _____

Date Acceptance Letter sent: _____

Application No: _____



Kamphaeng Phet Rajabhat University (KPRU)

Application for Admission

Please complete this application form and send it via email
or post mail to:

International Relations Office

Kamphaeng Phet Rajabhat University

69, Nakhon Chum, Muang, Kamphaeng Phet, Thailand 62000

Tel : +66 55 706 555 ext. 1802

Fax : +66 55 706 518

URL : http://www.kpru.ac.th/kpru_en/

E-mail : chadaporn_c@kpru.ac.th

Photo

(3 * 4 cm)

For more information, please contact:

Ms. Chadaporn Chotiradapa

International Collaboration

E-mail: chadaporn_c@kpru.ac.th

Part 1 . Personal Information

• Name: • Sex : Male Female
last first middle

• Date of birth : / / • Birthplace :
month / day / year city country

• Nationality :

• Phone : • E-mail :

• Current mailing address:
number and street

.....
city state/province country zip code

• Permanent mailing address :
(if different from the current one)
number and street

.....
city state/province country zip code

• Home Institution:

• Passport Information

Number: Date of issue:

Issuing Authority: Date of expiry:

• Emergency Contact

Name: Relationship:

Address:

Phone : Cell-phone:

E-mail : Fax: -

Part 2. Academic Background

Education background	City/Country	Start Date	Finish Date	G.P.A.
High School				

• English Language proficiency Test

English Proficiency Tests	Best Scores	Date taken
TOEFL		
IELTS		
Other:		

*If you do not have English Proficiency Test results, an English Placement Test at Kamphaeng Phet University is required.

Part 3. Medical Information

• Do you have any physical disabilities or personal problems? Yes No

• If yes, please describe

.....
.....

• Do you have any serious illness, conditions, or allergies? Yes No

• If yes, please describe

.....
.....

• Does your original health insurance cover Thailand? : Yes No

Student is required to purchase medical insurance during his/her stay in Thailand or show proof of insurance coverage from his/her home country.

If yes, please give us the following information

Insurance Company's Name:

.....

Policy Number:

.....

Amount of Coverage in US Dollars:

.....

Part 4. Proposed Program of study

What field do you wish to apply to? (Choose one)

➤ **Undergraduate:**

Bachelor of Arts (Thai Program)

Others (Please specify).....

➤ **Graduate:**

others (Please specify).....

➤ **Certificate:**

Thai Studies

Thai Language and Culture

Part 5. Supporting Documentation (In English)

Only one copy of documents is required. All documents should be in English or have a certified translation. Originals of documents should not be sent. Tick boxes where appropriate.

Enclosed

To Follow

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A completed application form |
| <input type="checkbox"/> | <input type="checkbox"/> | A single 1-inch photograp |
| <input type="checkbox"/> | <input type="checkbox"/> | Passport |
| <input type="checkbox"/> | <input type="checkbox"/> | All academic transcripts/records up to the highest level studied (high school and above) |
| <input type="checkbox"/> | <input type="checkbox"/> | English proficiency score report |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctor's Medical Report (certification) |
| <input type="checkbox"/> | <input type="checkbox"/> | Application fee (300 baht paid upon arrival) |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (please list)..... |

I certify that all of the information provided on these documents is correct to the best of my knowledge, and, if admitted, I agree to comply with the rules and regulations of Kamphaeng Phet Rajabhat University.

Date : . .

Signature:

month day Year

Part 6. Decision (for KPRU use only)

Decision of the University:

Accepted with condition

Condition:.....

Not accepted

Reason:.....

Signature:.....

(.....)

Date:.....