

**Scholarship Application Form for Siriraj Graduate Student Exchange**

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| --- | --- |
| **Consideration Period** | **Depart Date** |
|  August | 1 October – 31 December |
|  November | 1 January – 31 March |
|  February | 1 April – 30 June |
|  May | 1 July – 30 September |

Paste a passport

Photo taken within the previous 6 months.

**Application Checklist**

 Application Form  Accepted Letter from Foreign University

 Recommendation Form  Transcript

 Copy of English Proficiency Test Score  Copy of Passport (If Applicable)

 Abstract of research project (Make as attachments, not exceed than 1 page with A4 size)

 Letter of Motivation (Make as attachments, not exceed than 1 page with A4 size)

 Others…………………………………………

I wish to apply Siriraj Graduate Student Exchange Scholarship for:

|  |  |  |  |
| --- | --- | --- | --- |
| **Foreign University/Institution** |  | **Country** |  |
| **Continent** | ❑ ASEAN ❑ Asia (Except ASEAN) ❑ Australia ❑ Europe  ❑ Central/South America ❑ Eastern North America ❑ Western North America | | |

**APPLICANT INFORMATION**

Name

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | | |  | | | | | |  | |  | | | | | |
| *(Family name)* | | | *(First name)* | | | | | | | *(Middle name)* | | | | | | | | | | | | |
| Title: | | 🞎 Mr. | | | | 🞎 Mrs. | | | 🞎 Miss | | | | | | |  | | | | | |
| Gender: | | | 🞎 Male | | | | | 🞎 Female | | |
| Marital Status: | | | 🞎 Single | | | | | 🞎 Married | | | 🞎 Divorce | | | | | | 🞎 Widowed | | |
| Date of Birth: | Date: | | Month: | | | | | | | | | Year: | | | | | | |
| Nationality: | | | | | Passport No: | | | | | | | | | | | | | Expiry Date : | | | | | |
| Email: | | | | | | | | | | | | | | Skype ID: | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Address in Home Country:**  Address: | | |
| City/Town: | Country: | Postcode: |
| Phone: | Mobile: | Fax: |

**English Proficiency Test Score**

❒ MU-TEST................ ❒ IELTS................ ❒ TOEFL

❒ Paper Based ………….

❒ Computer Based ………….

❒ Internet Based ………….

❒ ITP………….

**Educational Background**

|  |  |  |  |
| --- | --- | --- | --- |
| **Educational level** | **Name and address of Institution** | **Year and**  **Month of**  **Entrance and**  **Completion** | **Diploma or**  **Degree awarded**  **/ Major subject** |
| ***Undergraduate Level*** | ***Name :***  ***Location:*** | ***From***  ***To*** |  |
| ***Graduate Level*** | ***Name:***  ***Location:*** | ***From***  ***To*** |  |
|  | ***Name:***  ***Location:*** | ***From***  ***To*** |  |

**Trainings & Works**: Begin with the most recent, if applicable.

|  |  |  |
| --- | --- | --- |
| Trainings & Works | Period | Responsibility |
|  | *From*  *To* |  |
|  | *From*  *To* |  |

**Awards & Achievements:** if applicable.

|  |
| --- |
|  |

**RESEARCH OR STUDY-PROJECT ABROAD**

*Abstract of research project (Make as attachments, not exceed than 1 page with A4 size) and must have following topics as below;*

*1. Statement of the problems 3. Research Methods*

*2. Objective 4. Benefits from this project*

|  |  |  |
| --- | --- | --- |
| **Title of research project** |  | |
| **Scheduled duration/months** |  | From  To |

**CONTACT ABROAD**

|  |  |
| --- | --- |
| **Name of contact person**  **(in Faculty/University that you applied )** |  |
| **University** |  |
| **Department** |  |
| **Address** |  |
| **Phone** |  |
| **E-mail** |  |

**DECLARATION**

I declare that to the best of my knowledge, the information I have supplied in this application and the documentation supporting it are correct and complete. I acknowledge that the provision of incorrect information or documentation relating to my application may result in cancellation of any offer of enrollment by Faculty of Medicine Siriraj Hospital, Mahidol University.

|  |  |
| --- | --- |
| Applicant’s signature: | |
|  | ( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) |
|  | Applicant’s name *(in Roman block capitals)* |
|  | Date of application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |