



# KASETSART UNIVERSITY APPLICATION FOR ADMISSION

International Studies Center  
 50 Ngam Wong Wan Road, Chatuchak, Bangkok, 10900 THAILAND  
 or  
 P.O. Box 1097 Bangkok 10903 THAILAND  
 Tel: +66 0 2562-0985, +66 0 2942-8655  
 Fax: +66 0 2562-0985  
 E-mail: ku.oip@ku.ac.th  
 Website: <http://www.interprogram.ku.ac.th/>

Photo 2”  
  
Not older than  
6 months

(Please print or type)

### PART A : PERSONAL INFORMATION

<b>NAME:</b>	Mr / Mrs / Ms. .... <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Last</span> <span>First</span> <span>Middle</span> </div> Citizen ID (THAI) ..... Passport No: (Not THAI) ..... Expire Date (dd/mm/yyyy) ..... Blood Group .....										
<b>APPLYING FOR</b>	<input type="checkbox"/> Bachelors <input type="checkbox"/> Master <input type="checkbox"/> Doctoral <input type="checkbox"/> Regular <input type="checkbox"/> Special <input type="checkbox"/> International <input type="checkbox"/> International Double Degree Program..... Code..... Plan..... <i>(For more information visit <a href="http://www.interprogram.ku.ac.th/curriculum.html">http://www.interprogram.ku.ac.th/curriculum.html</a>)</i>										
<b>ADMISSION IN</b>	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px;">2</td><td style="width: 20px;">0</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> </table> <input type="checkbox"/> 1st semester (August - December) <input type="checkbox"/> 2nd semester (January - May)	2	0								
2	0										
<b>DATE OF BIRTH</b> (dd/mm/yyyy)	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;">/</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;">/</td><td style="width: 20px;">1</td><td style="width: 20px;">9</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> </table> Birthplace..... Nationality: .....			/			/	1	9		
		/			/	1	9				
<b>CONTACT ADDRESS</b>	Address ..... City..... Zip code..... Country..... Tel: ..... Fax: ..... E-mail.....										
<b>CONTACT PERSON</b> (In case of emergencies)	Mr / Mrs / Ms. .... <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Last</span> <span>First</span> <span>Middle</span> </div> Address ..... City..... Zip code..... Country..... Tel: ..... Fax: ..... E-mail..... Relationship .....										
<b>MARITAL STATUS</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other .....										

### ACADEMIC RECORD

Please indicate your record of achievement in High School Certificate / Diploma, Bachelor Degree, Master Degree and / or any other advanced university program.

Degree	Institution & Country	Graduate Date (dd/mm/yyyy)	Grade Point Average	Major/Subject

**PART B : PLANS FOR STUDY**

Indicate division or field of study you are applying for

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.....  
.....  
.....

Define your purpose in studying at Kasetsart University

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.....

**LANGUAGE:** Is English your mother tongue?  Yes  No

(Applicant whose mother tongue is not English are required to submit reference of English language)

**ENGLISH PROFICIENCY:** Written  excellent  good  fair  poor  
Spoken  excellent  good  fair  poor

**CERTIFICATE OF ENGLISH PROFICIENCY:**  IELTS  TOEFL  Other.....

Certificate of English test or reference of English language

is attached

will be sent by(mm/yyyy) 

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**FINANCIAL STATEMENTS**

This is to certify that  I will be fully responsible for tuition, fees, living expenses and others.

I am applying for a scholarship named.....

Offered by .....

I am granted a scholarship. My scholarship grantor is.....

Contact person of my scholarship .....

Address.....

City.....Postcode.....Country.....

Tel: .....E-mail.....

(Please attach a copy of certified scholarship award letter with your name mentioned as a grant holder)

**INSURANCE**

This is to confirm that  I have a health insurance covering the period of my study program. (Evidence required)

I will apply for a group insurance via ISC on my arrival.

**Documents Checklist**

- Complete Application Form  A scan of Passport
- English Language Testing (IELTS 5.0 or TOEFL 500 )  3 Recommendation letters
- Scan (s) of official certificate(s) of High school indication graduated date
- Scan (s) of official transcript(s) of record of High school indicating graduated date

**Additional Documents**

- A scan of certified scholarship award letter (if available)
- A scan of Health & Travel Insurance card

**Note**

- All required documents must be issued in English language. Translation has to be certified by official authority of the original.
- Recommendation Letter must be genuinely issued from Academic’s advisor / Lecturer / Head of Department / Director / etc. with official emblem and original autograph.
- Applicant applying for full-time study please check for specific requirement of the program that you would like to apply.
- Applicant whose mother tongue is not English and applying for a program that conducted in English, required submitting proof of English Proficiency.
- An Official Transcript issued by the institution you have attended and must provide a record of the courses you have taken in each academic semester along with grades. If you are graduated with diploma or others please provide a certified letter confirming that your certificate is equivalent to Bachelor degree or so.
- Applicant must check and submit a complete application form with all supporting documents to Tropical Agriculture office (E-mail taipage@ku.ac.th) and cc to ISC (ku.oip@ku.ac.th) at least 3 months before the semester starts. if you have problems filling up the form or any reason to delay providing required documents, please email to us.

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

I have read and accepted the above acknowledgement.

Applicant’s signature ..... Date (dd/mm/yyyy) .....

For any further information, please contact:

International Studies Center (ISC), Office of the Registrar, Kasetsart University  
50 Ngam Wong Wan Road, Chatuchak, Bangkok, 10900 Thailand

or

P.O. Box 1097 Bangkok 10903 Thailand  
Tel: +66 0 2118-0137 ext. 61 8301-6 Fax: +66 0 2118-0137  
E-mail: ku.oip@ku.ac.th

Website: <http://www.interprogram.ku.ac.th/>