TNI Application Form for Exchange Program

1. Personal Information * Please fill in the form in CAPITAL LETTERS

Photo (taken within 6months) Please write your name on the back of your photo.	**Name**	**Full Name (Exactly the same as your passport)** English		
	Given name (English)	**Family Name** (English)	**Middle Name** (if any)(English)	
	Full Name (in Thai language)		**Nickname** (English)	
Date of Birth	Day/Month/Year (ex. 22/06/2018)	**Nationality**		
Military Status	□ Conscripted □ No Military Service □ Exempted		**Sex**	□M □F
Information of academic Details	**Education Level**	**Name**	**Major**	**Period of study** / **GPAX**
	High School/College			
TNI STUDENT ID	**Number :**	**FACULTY**		**GPAX**
		MAJOR		
	Date of Issue (Day) (Month) (Year)	**YEAR**	□ 1 □ 2 □ 3 □ 4	
		Are you TNI Student of 5 year (Two Degree Program)	□Y □N	
Passport	**Number**			
	Date of Issue (Day) (Month) (Year)		**Date of Expiry** (Day) (Month) (Year)	
Current Address	**Address**			
			Please fill in both email fields	
	Tel		**(TNI) E-mail**	
	Mobile		**(Other) E-mail**	
Contact Person in Emergency ***It shall be your parent.** ***If you live with him/her, please leave address blank.**	**Full Name**			**Relationship**
	Address			
	Tel		**E-mail**	
	Mobile			
	Parent's Occupation			

2. Application for EXCHANG PROGRAM

Exchange Program	**Name of Program**
	University
	Study period ☐ **6 Months** ☐ **1 Year**
	If you are not awarded the scholarship, will you be able to cover all your expenses in Japan on your own? ☐ **Yes** ☐ **No**
	Purpose of joining this program
	Brief-self introduction

3.Health Condition

Blood Type	□**A** □**B** □**O** □**AB** □**don't-know**
Physical handicaps, chronic diseases or other health problems (Physical and Mental)	□ **No** □ **Yes** (Specified.....) If Yes, Please submit the medical certificate.
Medicine	□**Not taking any medicines** □**Taking medicines regularly** (Specified.....)
Food Allergies (only for physical reason)	□none □pork □beef □chicken □mutton/lamb □shrimp □crab □shellfish □fish □egg □others (Specified.....)
Food Restriction (for religion or custom reason)	□none □pork □beef □chicken □mutton/lamb □shrimp □crab □shellfish □fish □egg □others (Specified.....)
Other Allergies	□none □dogs □cats □house dust □others (Specified.....)

4. Language and Certificate Details

Language	**English Proficiency** certificated score (if any, e.g. TOEFL, TOEIC)		☐ **TOEFL SCORE**	☐ **TOEIC SCORE**
	Japanese Proficiency (JLPT) certificated score		☐ **JLPT N____**	☐ **OTHER_____ SCORE**
	Level of English		**Level of Japanese**	
	Speaking: Good Fair Poor		Speaking: Good Fair Poor	
	Writing : Good Fair Poor		Writing : Good Fair Poor	
	Reading : Good Fair Poor		Reading : Good Fair Poor	
	Other Language		**Japanese learning experience**	Year or Month

Awards/Cetificate	**Name**	**Company/Activity**	**Date**

5. Personal Activities

	Activities	**Period of Involvement**
Student Clubs		
Sports		
Hobbies		
Others		

6. Other Information

Have you ever been abroad before?	Yes	No	**If Yes, When?**	
If Yes, what was the purpose of the visit and where did you visit?				
Have you ever been granted for any scholarship?				
Special skills				

Declaration

I hereby certify that the information provided is accurate, and I agree to inform you of any change to these details, if any. I accept that false or incomplete information can lead to the rejection of my application. I agree with the conditions and regulations of the exchange program I applied for and will return to Thailand immediately after the program ends.

Applicant Signature: **Date of Application: / / (Day/Month/Year)**

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For Parent

I hereby grant permission for my child to participate in the application and selection process for the TNI exchange program and remain legally responsible for any personal action and expense taken by my child.

Parent Signature: **Date of Application: / / (Day/Month/Year)**

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For Advisor

Please provide supporting statement / recommendation on applicant's overall performance.

Advisor Signature: **Date: / / (Day/Month/Year)**

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