

Please select your department/school
Center of Applied Thai Traditional Medicine
Medical Education Technology Center
Sirindhorn School of Prosthetics and Orthotics

MAHIDOL UNIVERSITY Øince 1888

РНОТО

Size 2"

APPLICATION FOR AN EXCHANGE PROGRAM

| | sted university and/or country: | | |
|--------------------------|---------------------------------|--------------------|--------|
| TITLE:FIRST NAME: | | | |
| STUDENT I.D. NO.: | FIRST NAME IN THAI: | LAST NAME IN THAI: | |
| NATIONALITY: | SEX: 🗌 Male 🔲 Female | DATE OF BIRTH: | |
| PASSPORT NUMBER: | EXPIRY DATE: | EXPIRY DATE: | |
| TEL: | FAX: | EMAIL:EMAIL: | |
| MAILING ADDRESS: | | | |
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| CURRENT STUDY YEAR: | 3^{rd} 4^{th} GPA: | | |
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| LANGUAGE SPOKEN: | | | |
| STATE YOURFIELD OF INTER | REST | | |
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| CONTACT PERSON IN CASE | OF EMERGENCY: | | |
| NAME: | RELATION | ISHP: | |
| TELEPHONE/MOBILE: | EMAIL ADD | RESS: | |
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PLEASE INCLUDE A BRIEF DESCRIPTION OF STUDIES/AWARD/ANY OTHER WORK COMPLETED SO FAR:

| PLEASE GIVE REASONS WHY YOU THINK AN ELECTIVE ABROAD WOULD BE BENEFICIAL TO YOUR STUDIES. |
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| SIGNATURE OF APPLICANT |
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| OFFICE OF THE DEPUTY DEAN FOR INTERNATIONAL RELATIONS |
| 3 rd Floor, Building #59 (Jainadnarendhranusorn Building or Old OPD Building) 2 Wang Lang Road, Bangkok-Noi, Bangkok, 10700 ThailandTel: 66-2-419-9465-6 Fax: 66-2-418-1621 |
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