

## SIRINDHORN INTERNATIONAL INSTITUTE OF TECHNOLOGY THAMMASAT UNIVERSITY

| Application Number |  |  |  |  |  |
|--------------------|--|--|--|--|--|
| 2x3 cm.            |  |  |  |  |  |
| Photograph         |  |  |  |  |  |

taken within

6 months

## APPLICATION FOR GRADUATE SCHOLARSHIP PROGRAM FOR EXCELLENT FOREIGN STUDENTS (EFS)

Note to Applicant: Please type or write clearly in English block letters.

| 1.  | PERSONAL INFORMATION: Name of Applicant: Mr./Ms./Mrs.                                                                                                                  |                                             |                     |                                  |  |  |  |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------|----------------------------------|--|--|--|
|     | Traine of Applicant. W                                                                                                                                                 | First                                       | Middle              | Last                             |  |  |  |
|     |                                                                                                                                                                        |                                             |                     |                                  |  |  |  |
|     | Citizen ID. / Passport No                                                                                                                                              | Citizen ID. / Passport No                   |                     |                                  |  |  |  |
|     | Date of Birth:                                                                                                                                                         | Date of Birth: Age: years Country of Birth: |                     |                                  |  |  |  |
|     | Date                                                                                                                                                                   | month year                                  |                     |                                  |  |  |  |
|     | Country of Citizenship : Mailing Address : City: Country:                                                                                                              |                                             |                     |                                  |  |  |  |
|     |                                                                                                                                                                        |                                             |                     |                                  |  |  |  |
| 2   | PROGRAM:                                                                                                                                                               |                                             |                     |                                  |  |  |  |
| 2.  |                                                                                                                                                                        | cience (Engineering and Techno              | ology)              |                                  |  |  |  |
|     | [ ] Master of Engineering in Engineering Technology                                                                                                                    |                                             |                     |                                  |  |  |  |
|     |                                                                                                                                                                        |                                             |                     |                                  |  |  |  |
|     | [ ] Master of Engineering in Logistics and Supply Chain Systems Engineering [ ] Master of Engineering in Information and Communication Technology for Embedded Systems |                                             |                     |                                  |  |  |  |
|     | [ ] Master of Engineering in Information and Communication Technology for Embedded Systems                                                                             |                                             |                     |                                  |  |  |  |
|     | [ ] Doctor of Philosophy (Engineering and Technology)                                                                                                                  |                                             |                     |                                  |  |  |  |
| Fie | eld of Interest:                                                                                                                                                       |                                             |                     |                                  |  |  |  |
| Po  | otential SIIT Advisor:                                                                                                                                                 | 1                                           | alrea               | dy contacted □ not yet contacted |  |  |  |
|     |                                                                                                                                                                        | (Option                                     | ·                   |                                  |  |  |  |
|     |                                                                                                                                                                        | 3                                           | (Optiona            | al)                              |  |  |  |
| 3.  | EDUCATIONAL BACKGROUND:                                                                                                                                                |                                             |                     |                                  |  |  |  |
|     | 3.1 Undergraduate (Bachelor) Qualification:                                                                                                                            |                                             |                     |                                  |  |  |  |
|     | Name of Institution                                                                                                                                                    |                                             | Location (Country)  |                                  |  |  |  |
|     |                                                                                                                                                                        | dy (mo./yr mo./yr.)                         | Degree              | Major Subject                    |  |  |  |
|     |                                                                                                                                                                        | s, Prizes or Honors Class                   | Grade Point Average | Class rank/No. in Class          |  |  |  |
|     | 3.2 Graduate (Maste                                                                                                                                                    | er) Qualification (if available):           |                     |                                  |  |  |  |
|     |                                                                                                                                                                        |                                             |                     |                                  |  |  |  |
|     |                                                                                                                                                                        | Name of Institution                         | Location (Country)  |                                  |  |  |  |
|     |                                                                                                                                                                        | tudy (mo./yr mo./yr.)                       | Degree              | Major Subject                    |  |  |  |
|     | Scholastic Honor                                                                                                                                                       | rs, Prizes or Honors Class                  | Grade Point Average | Class rank/No. in Class          |  |  |  |

| 4.                | EMPLOYMENT HISTORY: Please list your work experience starting with most recent employment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                          |                                                                                                                                     |  |  |  |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|                   | a)Employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Location                                                                                                                                                                 | Date(mo./yr mo./yr.)                                                                                                                |  |  |  |
|                   | Nature of Employer's Acti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                          |                                                                                                                                     |  |  |  |
|                   | b)<br>Employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Location                                                                                                                                                                 | Date(mo./yr mo./yr.)                                                                                                                |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                          | Your Job Title                                                                                                                      |  |  |  |
| 5.                | Nature of Employer's Activ ENGLISH PROFICIENCY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Atties                                                                                                                                                                   | Tour Job Title                                                                                                                      |  |  |  |
|                   | Written: [ ] Exceller                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nt [] Good [] I<br>nt [] Good [] I                                                                                                                                       |                                                                                                                                     |  |  |  |
|                   | Result of English Proficiency test $\Box$ TOEFL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | $\square$ TU GET $\square$                                                                                                                                               | IELTS                                                                                                                               |  |  |  |
| 6.                | MEDICAL STATUS: Please summarize your health and medical history. List any physical handicaps, recent treatment by a physician of esychiatrist, mental health indicators or other relevant information.  An official medical certificate is required for successful candidates.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                          |                                                                                                                                     |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                          |                                                                                                                                     |  |  |  |
| 7.                | If not granted a scholarship, do you have financial support for your study at SIIT?  [ ] Yes [ ] No  If yes, it is from:  [ ] External Sponsor [ ] Self or Family [ ] Other:  Name of Sponsor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                          |                                                                                                                                     |  |  |  |
| 8.                | <ul> <li>STATEMENT OF PURPOSE: Please submit 1 page of the Statement of Purpose as guideline below.</li> <li>Your general information.</li> <li>Your purpose in graduate study.</li> <li>The area of study in which you wish to specialize.</li> <li>Your future use of your graduate study, your career goals.</li> <li>Your special preparation and fitness for study in the field. Your academic background, extracurricular experiences/achievements, and awards.</li> <li>Any problems or inconsistencies in your academic records. Indicate the areas that are your weak ponits or the needed improvement.</li> <li>The reasons you wish to attend SIIT.</li> <li>I certify that all the statements given above are absolutely true.</li> </ul> |                                                                                                                                                                          |                                                                                                                                     |  |  |  |
|                   | Applicant's Signature :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                          | Date                                                                                                                                |  |  |  |
| Mo                | uilina Addross                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Poquired Applicat                                                                                                                                                        | tion Documents                                                                                                                      |  |  |  |
| Em                | Admissions and Public Relations Division Sirindhorn International Institute of Technology Thammasat University, Rangsit Campus P.O. Box 22, Thammasat Rangsit Post Office Pathumthani 12121, Thailand pail: admissions@siit.tu.ac.th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Required Applicat  [ ] A statement of purpose and CV [ ] 1 copy of official transcript – B [ ] 1 copy of official transcript - M [ ] 1 copy of official certificate of 1 | achelor Degree (aster Degree (if available) English proficiency: f any but recommended) rom advisor of Bachelor and/or  1"x1" size) |  |  |  |
| www.siit.tu.ac.th |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | [ ] Others                                                                                                                                                               |                                                                                                                                     |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Officer's Signature                                                                                                                                                      |                                                                                                                                     |  |  |  |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                          | Date:                                                                                                                               |  |  |  |