

Application Form for Exchange Student Program

Fiscal Year B.E 2558

Applicant Information

Name (Mr./Mrs./Ms).....

Date of Birth (dd/mm/yy).....

Student Id Number.....Year of study.....Major.....

Department.....Faculty.....Campus.....

Contact Address.....

.....

Phone number.....Mobile.....

E-mail address.....

Activities

Research :

Topic.....

Conference :

Topic.....

Training :

Topic.....

Others (Please specify)

.....

*** Please attach detail of activities ***

Period of Activities

From.....(dd/mm/yy) to.....(dd/mm/yy)

Host Information (if any)

Name of Institute.....

Address.....

City.....Country.....

Name of Contact.....

E-mail address.....

Host Advisors

Name (Mr./Mrs./Ms).....

Academic Title.....Administrative Title.....

Department.....Faculty/school.....

Address.....

City.....Country.....

Telephone.....Fax.....

E-mail address.....

Conference Information

Oral

Poster

Title:.....

Organization:.....

Place:.....

Duration:.....

Any support expected to receive from CASAF (give brief details)

AirfareBaht

AccommodationBaht

AllowanceBaht

Others (please specify)Baht

Information and DocumentsBaht

The following documents are enclosed

Application from

Plan of activities (Research/Training)

Letter of acceptance from host/institute indicating period of activities

Applicant's Signature.....

(.....)

Date.....

Recommendation From Advisor

I,(Name).....

Position.....

agree to grant permission for (applicant's name).....to

Apply for this exchange program and assure that his/her selected courses/research plans have been already approved.

Applicant's Signature.....

(.....)

Date.....

Recommendation from Principal Investigator (PI)

I, (Name).....

Position.....

.agree to grant permission for (applicant's name).....to

Apply for this exchange program

Signature.....

(.....)

Date.....

Plan of activities (Research/Training)

1. Project

Title:.....

2. Main Objective(s):

.....

3 Action Plan : October 2015- March 2016

Activities	Month/Year							
1)								
2)								
3)								

4. Expected Outcome (Clearly specify)

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Applicant's Signature.....

(.....)

Date.....