

## Thammasat International Exchange Application for the University of California: Academic Year 2025

First Name	Family Name
Charle list of	equired documents
Check list of r	Thammasat International Exchange Application Form
	Course equivalent form
	Proposed Study Plan
	Parental consent and financial support form
	Current transcript
	Language Proficiency test score
	Two 2X2 inch photos (within the previous 6 months; white or blue background; no hat/sunglasses
	Copy of applicant's Identification Card
	Copy of applicant's Household Registration
	Copy of Parent's Identification Card/ Household Registration. If others, please specify
OIA office revi	ew:
0	Application and required documents complete
0	Application and required documents not complete
	Missing or incomplete documents include:
	1.
	2
0	GPA Pass Not pass
0	Language Proficiency test score Pass Not pass
	2 2 7
	Signature
	()
	Position
	Date Month Year



#### **Photo**

## Thammasat International Exchange Program Application Form 2025

With reference to	o the announcement for the Thar	mmasat International E	xchange Program, made by the Office of
International Affairs, to offer	r an international education opportun	ity to Thammasat studer	ats to study as a non-degree seeking exchange
student at University of Cali	fornia for the duration of a maximur	n of <mark>one academic year</mark> ,	
I (Mr. /Mrs./Ms.	)		hereby declare my intention to
apply for this exchange pr	rogram by completely filling in t	his application form a	nd permitting the Office of International
Affairs to check its accura	cy and correctness.		
Part 1 Applicant's perso	nal information)		
1.1 First Name and Fam	uly Name Mr. /Mrs./Ms.		
Date of birth /	/ / Age	Yrs Nationality	
School/Faculty	Program	☐ Thai Program	☐ English/International Program
Course/Program Nan	ne		
Level of Education	☐ Bachelor's degree ☐	Master's degree $\Box$	Other (please specify)
Current year of study	Student ID	Cur	nulative GPA
	are required to submit academi		
Current Accumulated	creditsNumber of	of required credits for	graduation
Credits expected to co	mplete at TU after the exchange p	period	
Expected year of grade	uation (exchange period also cou	nted)	
1.2 Current address	Moo Road	Sub-District_	
District	Province	Postal code	
Home phone		Mobile phone	9
E-mail Address			
Father's name-surna	ıme		
Occupation_		Mobile Phone	e
Mother's name-surn	ame		
Occupation		Mobile Phone	e

1.3	Financial sponsor's First Nat	•			
	Relation to you				
	Occupation				
1.4	Language Proficiency Level				
	☐ English [O TOEFL/	O IELTS / O DET	(Total Score:	]	
	(Writing	Reading	Listening	Speaking	)
Que	estions no 1.5 – 1.8: Additional	documents, certificate	es, etc. can be attached, if	needed.	
1.5	Special Abilities				
	☐ Musical Skill	☐ Dance	☐ Singing	☐ Sports	
	☐ Arts	☐ Martial Arts			
	☐ Others: please specif	y			
1.6	Any creative works/ awards/ s	cholarships			
	1.6.1				
	1.6.2				
1.7	Study Abroad Experience				
	Scholarship/Program Name				
	Country		Period		
1.8	Social/ Student activities				
	1.8.1				
1.9	☐ I agree that while on the	e exchange program, l	will fully dedicate mysel	f to study and will not be in	volved with
any	activities which will distract m	ne from study.			
1.10	I agree that, if selected:	for the exchange prog	ram, I will be obliged to p	pay the fees and expenses in	accordance
with	the university announcement	on exchange program	fees B.E. 2558 and othe	r expenses as stipulated in the	he exchange
agre	eement.				
1.11	☐ I confirm that I have suff	iciently researched the	e information related to the	academics, life overseas an	d conditions
of b	being an exchange and internat	ional student determin	ned by the partner univers	ity to which I am applying.	I have also
con	sulted with my academic adviso	ors, my faculty and my	parents about my intention	n to participate in this exchan	ige program,
and	they have granted me permission	on to continue my appl	lication. Upon my return, I	will undertake the credit trar	sfer process
and	continue my studies at Thamm	nasat University until 1	my graduation.		
1.12	2 I will strictly follow and	l keep myself updated	l about information, regul	ations, announcements or a	ny measures
gov	erned by Thammasat Universit	y, my host university	and my host country regar	ding a contagious or infection	us epidemic
dise	ease.				

1.13   I confirm that the above-mentioned statements are tr	rue. If I am selected to be a Thamm	asat exchange student,
I willingly agree to follow all related announcement and policies	s. If found later that the given informa	ation in this application
is untrue, either partially or entirely, I acknowledge that the uni	iversity has the unconditional right to	reject my eligibility to
apply and will accept all penalties governed by Thammasat Un	iversity.	
Signature		
<b>(</b>		)
Date	Month_	Year

2.1 I(	(Mr. /Mrs./Ms)	wish to apply for
the Than	mmasat International Exchange Program by ranking my 3 p	preferred campuses at University of California as follows
No.	Name of preferred campuses.	Intended course/program
	(Please select 3 campuses)	
1		
2		
3		
2.2 In	dicate the duration of your exchange period	
	1 Semester/Quarter: starting from	End:
	2 Semesters/Quarters: starting from	End:
	1 Academic year: Starting from:	End:
2.3 I	agree and accept that an acceptance to a preferred univer	sity of my choice will be subject to the decision made by
Univers	sity of California which is beyond the authorization of the	Office of International Affairs, Thammasat University.
	Yes	
	□ No	

Part 2 Detailed application

#### Part 3: Credit Transfer and Course Equivalency

Please specify the course that you wish to enroll each semester/quarter in at the University of California at each campus you choose to apply for, according to item 2.1

ou choose to apply for, ac	cording to item 2.1			
Campus: 1#				
semester/Quarter	From		То	
Courses offered at your preferred University		Courses offe	ered at Thammasat University	
Course code	Course title	Course code	Course title	
·				
Semester/Quarter	From		То	
Courses offered a	t your preferred University	Courses offe	Courses offered at Thammasat University	
Course code	Course title	Course code	Course title	
Please give further inform	nation, if your preferred univer	rsity offers a 3 <sup>rd</sup> Quarter	·s	
)uarter	From	То		
Courses offered at your preferred University		Courses offe	ered at Thammasat University	
Course code	Course title	Course code	Course title	

**Note:** If you intend to enroll for more courses at your preferred campuses and the table above cannot fit all of them, you can attach additional pages.

#### Part 3: Credit Transfer and Course Equivalency

Please specify the course that you wish to enroll each semester/quarter in at the University of California at each campus you choose to apply for, according to item 2.1

amagtan/Ossa-t	F	,	To
emester/Quarter	From		10
Courses offered a	at your preferred University	Courses offered	d at Thammasat University
Course code	Course title	Course code	Course title
<u> </u>			
emester/Quarter	From	,	Го
Courses offered a	at your preferred University	Courses offered	d at Thammasat University
Course code	Course title	Course code	Course title
Course code	Course the	Course code	Course title
lease give further inform	nation, if your preferred univer	sity offers a 3 <sup>rd</sup> Quarters	
Quarter	From	To	
Courses offered at your preferred University		Courses offered	d at Thammasat Universit
Course code	Course title	Course code	Course title

**Note:** If you intend to enroll for more courses at your preferred campuses and the table above cannot fit all of them, you can attach additional pages.

#### Part 3: Credit Transfer and Course Equivalency

Please specify the course that you wish to enroll each semester/quarter in at the University of California at each campus you choose to apply for, according to item 2.1

you choose to apply for, ac	ecording to item 2.1		
Campus: 3#			
Semester/Quarter	From		То
Courses offered at your preferred University		Courses of	fered at Thammasat University
Course code	Course title	Course code	Course title
Semester/Quarter	From		То
Courses offered a	at your preferred University	Courses of	fered at Thammasat University
Course code	Course title	Course code	Course title
		ti en ard	
Vease give further information of the contraction o	nation, if your preferred univer	To	
Courses offered at your preferred University			fered at Thammasat University
Course code	Course title	Course code	Course title

**Note:** If you intend to enroll for more courses at your preferred campuses and the table above cannot fit all of them, you can attach additional pages.

#### Part 4: Apply for the exchange scholarship

with th	ne university a	nnounc	ement on the exchange program fees B.E. 2558 and other expenses as stipulated in the
exchar	nge agreement.		
	I wish to app	<u>ly</u> for a	an exchange scholarship
	I do not wish	to app	ly for an exchange scholarship. However, I confirm to continue my exchange application
even t	hough I am no	t awar	rded an exchange scholarship.
	<u>Informat</u>	ion for	scholarship consideration
	Have you	ever be	een awarded any scholarship?
	0	No	
	0	Yes (	please attach any proof of scholarships you have ever received) and provide the details:
		Name	e of Scholarship
		Perio	d of Scholarship
		Types	s of Allowances:
			Tuition fee waiver and monthly allowance
			Amount of Scholarship
			Tuition fee waiver, no monthly allowance
			Amount of Scholarship
			Monthly allowance only
			Amount of Scholarship
		П	Others (Please specify)
		Ш	Others (Please specify)
ш	<u> 1 have no inte</u>	ention	to apply for an exchange scholarship.

I acknowledge that if selected for an exchange program, I will be obliged to pay the fees and expenses in accordance

# Part 5: My Health Declaration Do you have any chronic illness? Yes. Please provide information $\square$ No Do you have any health condition that may disrupt your exchange study? Yes. Please provide information $\square$ No Do you have any family issues that may impact your exchange study? Yes. Please provide information\_\_\_\_\_ $\square$ No Personal Medical History ☐ When was the last time you have felt really sick? Please indicate the disease or illness symptoms. Period of treatment When was the last time you were admitted to hospital and received medical treatment? Please indicate the disease or illness symptoms. Period of treatment ☐ I have never been admitted to hospital. Do you have any mental health condition that requires a mental health professional? Yes. Please provide information $\square$ No While on exchange, will you be required to take any prescribed medicines? Yes. Please provide information □ No Assessment by the Faculty's responsible officer ☐ The applicant is given permission by the faculty to apply for the Thammasat International Exchange Program managed by the Office of International Affairs, Thammasat University. The information given in this application has been checked by the faculty and found to be true and correct. The applicant's proposed study plan and course equivalency indicated in the table have been approved. (Signature) (\_\_\_\_\_) Position Date Month Year Tel.

E-mail\_\_\_\_\_

### **Parental Consent and Financial Support Form**

	I (Mr./Mrs./Ms.)			
Addre	ssSoiStreet			
Sub-di	istrictDistrict			
Provin	ncePostal code			
Home	phone:Mobile phone:			
Occup	pationPosition			
Organ	izationOffice phone no:			
Relation	on to the applicant: of (Mr./Mrs./Ms,)			
Have s	supported the applicant since			
I agree	e and permit (Mr./Mrs./Ms.) to apply for			
the Th	nammasat International Exchange Program. I hereby confirm that I am fully prepared to financially support			
(Mr./N	Mrs./Ms.) to study as			
a Thar	mmasat exchange student at			
(name	of the country)			
I here	by guarantee that:			
1.	The applicant is physically, emotionally and mentally fit to study abroad.			
2.	I agree with the proposed study plan of the applicant at the intended partner university.			
3.	I accept the condition that acceptance to a partner university as an exchange student will be subject to its decision.			
4.	4. The applicant has provided me with all the details about all the fees and expenses incurred throughout this			
	exchange program and I am in a full financial position to entirely sponsor the applicant until completion of			
	the exchange program.			
5.	I accept the condition that the applicant as an exchange student will have to respect and follow all regulations			
	and rules governed by Thammasat University and the partner university. If later found that the applicant breaches			
	or disobey such rules, I agree to have the applicant's eligibility to apply for this exchange program rejected and			
	agree to have Thammasat University and the partner university impose penalties at their discretion.			
6.	If, after selection, the applicant is unable to participate in this exchange program within the indicated exchange			
	period, I agree that Thammasat University shall reserve the right not to refund the fees related to this exchange			
	program and am willing to be fully responsible for any cost incurred during the participation period.			
7.	If found later that the information given in this application is false or untrue, I agree that Thammasat University			
	shall reserve the right to reject eligibility to apply for other exchange programs by the applicant with no			
	conditions.			
	Signature			
	()			
	Date Month Vear			

Note: (1) Attach a copy of parents' ID card (2) If the person completing this form is not the applicant's parent, please attach evidence proving the relationship to the applicant and ongoing sponsorship.