

NIDA Application Form

WISDOM for Change Master of Arts in English Language Studies and Teaching

The School of Language and Communication – The National Institute of Development Administration

ı.	Program of Study			
	Regular Classes (to study on weekdays)			
	Are you applying for a scholarship? \square Yes \square No			
	Which type of a scholarship are you applying for?			
	☐ Special Classes (to study on Saturday and Sunday)			
	☐ Flexible Classes (block courses, to study on weekdays)			
II.	Personal Information			
	Gender	Place your Photo HERE		
	Date of birth (dd/mm/yy)			
	Thai ID. no. / Passport no			
	If you are NOT a THAI citizen, please indicate your current immigration status in Thailand. Thailand alien registration no			
	permanent residents obtain and maintain an appropriate visa status for their stay in Thailand. Address and Contact Information			
	Current Mailing Address: Address			
	City/State/Country			
	Postal CodePhone /Mobile			
	E-mail			
	Permanent Address:			
	Address			
	City/State/Country			
	Postal CodePhone / Mobile			
	E-mail			

III. Academic Background:

<u>NOTE</u>: Applicants must provide certified copies of all academic documents for application. Your application may not be considered without providing proof of successful completion of academic qualification(s).

Academic Records:

List records of all academic study or programs (undergraduate level and beyond) previously attempted or completed, as well as currently enrolled.

Name of Institute	Ν	Najor / Program	Date Attend From - To	GPA.	Degree Awarded
English Proficiency:				·	
TOEFL / IELTS		Date Taken		Test Score	
Scholarship Information:					
Name of Award	Organ	nization Issuing the	Reason for	Date o	f Value
Name of Award		Award	Award	Award	(if applicable)
			-		
			-		
Who will financially support y	L our stud	 dv?			I
	Organiz		Iniversity		
	J		riiveisity		
Other sources, please spe	ecify				
Employment Information					
If you would like your work ex					
List only the most relevant jol		may attach letters	ot support from yo	our employe	ers.

IV.

Name and address of	Desition / Duties and Despensibilities	Years
Company / Employer	Position / Duties and Responsibilities	employed

Relevant Membership, Affiliations, Certification, etc.

Organization	Status

Referees Information V.

Please list names and addresses of your academic referees. Each application must be accompanied by letters of a separate

recommendation from 2	referees. The recommendation from each referee must be su	ıbmitted in a
sealed and signed envelo	p. All documents submitted by the applicant will not be returned	ed.
First Referee:		
Name		
Name of Institute		
Postal Code	Phone/E-mail	
Second Referee:		
Name		
Name of Institute		
Postal Code	Phone/E-mail	
Declaration		
Please read carefully bef	ore signing your application	
1. I understand tha	t the Selecting Committee of the Graduate School of Language	and Comm

VI.

- nunication, the National Institute of Development Administration needs this information so that it can fully and properly assess my application for study/scholarship and administer any subsequent enrollment in accordance with its policies and procedures.
- 2. I certify that all the information given in, and in association with, this application is complete and accurate, and I understand that if I have given false or misleading information, my application will not be processed and legal action may be taken against me.
- 3. I understand that it is my responsibility to submit the completed application form as well as all the requested documents/material by the requested date and that the Selecting Committee will not evaluate my application if I fail to do so.
- 4. I authorize the Selecting Committee to obtain and utilize further information relating to my application from third party organizations as it deems necessary.
- 5. I certify that I am the original and sole author of all work submitted as part of this application, except where clearly indicated otherwise.
- 6. I understand that all of the documents submitted with this application will not be returned.
- 7. I understand that the Selecting Committee will evaluate my case in a fair manner and accept their

decision as final. 8. The application fee is non-refundable.	
Name (Print)	Signature
	Date