



WISDOM for Change

# Application Form

## Doctor of Philosophy in English Language Studies and Teaching

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

### I. Program of Study

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 1(1.1) Ph.D.<br><i>(dissertation only)</i> | <input type="checkbox"/> 2(2.1) Ph.D.<br>(coursework & dissertation) | <input type="checkbox"/> 2(2.2) M.A. - Ph.D.<br>(coursework & dissertation) |
| <b>Required Documents</b>   | <b>Required Documents</b>  | <b>Required Documents</b>   |
| - Statement of Purpose  | - Statement of Purpose   | - Statement of Purpose  |
| - Research Proposal   | - TOEFL/IELTS score: _____   | - TOEFL/IELTS score: _____  |
| - TOEFL/IELTS score: _____  | - Others   | - Others  |
| - Others  |  |   |

Are you applying for a full scholarship?  Yes  No

### II. Personal Information

Gender  Male  Female

Last name \_\_\_\_\_

First name \_\_\_\_\_

Middle name \_\_\_\_\_

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. \_\_\_\_\_

Non-immigrant visa type \_\_\_\_\_

**IMPORTANT NOTE:** To register as a student, NIDA requires that applicants who are not Thai citizens or who are Thai 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 Code \_\_\_\_\_ Phone / Mobile \_\_\_\_\_

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

#### Permanent Address:

Address \_\_\_\_\_

City/State/Country \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone / Mobile \_\_\_\_\_

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

### III. Academic Background:

**IMPORTANT NOTE:** Applicants must provide certified copies of all academic documents for each application. Your application may not be fully 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	Major / Program	Date Attend From - To	GPA.	Degree Awarded
..... .....				
..... .....				
..... .....				

English Proficiency:

TOEFL / IELTS	Date Taken	Test Score

Scholarship Information:

Name of Award	Organization Issuing the Award	Reason for Award	Date of Award	Value (if applicable)
..... .....	..... .....			
..... .....	..... .....			

Who will financially support your study?

- Self-Support     
 Organization     
 University  
 Other sources, please specify \_\_\_\_\_

IV. Employment Information

If you would like your work experience to be considered, please complete this section in detail.

List only the most relevant jobs. You may attach letters of support from your employers.

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

Relevant Membership, Affiliations, Certification, etc.

Organization	Status

**V. Referees Information**

Please list names and addresses of your academic referees. Each application must be accompanied by letters of recommendation from 2 referees. The recommendation from each referee must be submitted in a separate sealed and signed envelop. All documents submitted by the applicant will not be returned.

**First Referee:**

Name \_\_\_\_\_

Title/Affiliation \_\_\_\_\_

Name of Institute \_\_\_\_\_

Address \_\_\_\_\_

City/State/Country \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone/E-mail \_\_\_\_\_

**Second Referee:**

Name \_\_\_\_\_

Title/Affiliation \_\_\_\_\_

Name of Institute \_\_\_\_\_

Address \_\_\_\_\_

City/State/Country \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone/E-mail \_\_\_\_\_

**VI. Declaration**

Please read carefully before signing your application

1. I understand that the Selecting Committee of the Graduate School of Language and Communication, 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 \_\_\_\_\_