



KASETSARTUNIVERSITY APPLICATION FOR ADMISSION

Undergraduate degree program

Photo 1.5"

Not older than
6 months

PART 1: PERSONAL INFORMATION

NAME	Mr / Ms / Mrs. <div style="display: flex; justify-content: space-around; margin-top: 10px;"> First Middle Last </div> <p>Date of Birth:(dd/mm/yyyy) <input type="text"/>/ <input type="text"/>/ <input type="text"/>/ <input type="text"/>/ <input type="text"/>/ <input type="text"/>/ <input type="text"/></p> <p>Passport No: Date of issue:</p> <p>Expiry Date (dd/mm/yyyy): Nationality:</p> <p>Blood Group:</p>
Applying for	A Bachelor's Degree Academic Year: 1 st semester (starting in August) Program Name: Faculty: Campus:

PART 2: CONTACT DETAILS

CONTACT ADDRESS	Postal Address: City: Postcode: Country: Tel: Fax: E-mail:
CONTACT PERSON (For emergency)	Mr / Mrs / Ms. <div style="display: flex; justify-content: space-around; margin-top: 10px;"> First Middle Last </div> <p>Postal Address:.....</p> <p>City: Postcode: Country: Tel:</p> <p>E-mail: Relationship with the Applicant:</p>

PART 3: ACADEMIC RECORD

Please describe your educational background beginning with high school.

Degree Level	University/Institution & Country	Graduation Date (dd/mm/yyyy)	Grade Point Average	Major/Subject
High School/Diploma				
Other, (please specify):				

PART 4: RELEVANT INFORMATION (Evidence required)

<p>CERTIFICATE OF ENGLISH LANGUAGE PROFICIENCY</p> <p><input type="checkbox"/> IELTS <input type="checkbox"/> TOEFL <input type="checkbox"/> KU-EPT <input type="checkbox"/> KU-TOEFL ITP <input type="checkbox"/> Other, (please specify):</p> <p>Score: Examination date: ____/____/____(dd/mm/yyyy) Expiry Date: ____/____/____</p>

HEALTH INSURANCE

This is to confirm that I have already had health insurance covering the period of my study program.

I will apply for group insurance through ISC on my arrival. (The cost is around 250 USD/year.)

Other, (please specify).....

FINANCIAL SUPPORT

This is to certify that I will be fully responsible for my tuition, fee charges, living costs and other expenses.

I am applying for the program under an MOU between my university / institution and KU.

I am applying for a scholarship named.....
offered by

I have been granted a scholarship from.....

The contact person of my scholarship

Address.....

City.....Postcode.....Country.....

Tel:E-mail.....

Other, (please specify).....

Application Documents Required

1. A completed application form

2. A scanned copy of your passport (at least 6 months before your passport expires)

3. A photo 1.5" (3 x 4 cm.) not older than 6 months

4. Proof of English proficiency (TOEFL / IELTS / KU-EPT)

5. A scanned copy of health and travel insurance card/document (if applicable)

6. Recommendation letters (3 references persons from home institution)

7. A scanned copy of certified scholarship award letter (if applicable)

8. A scanned copy of your high school certificate and complete transcript record or equivalent

9. A motivation letter

10. Other (if applicable) such as SAT (Math section)

- NOTE -

- All of the documents must be in English and need to be certified copies of the originals. Documents that are not in English must be accompanied by certified English translations.
- Recommendation letters should be written and issued by your academic advisor, lecturer, or the Head of Department on a professional letterhead with a genuine signature and an official stamp.
- An official transcript issued by the institution you graduated from must be a complete version clarifying a record of all courses you have taken in each academic semester along with the date of graduation, credits, and grades.
- You must submit all the completed application documents at least 3 months before the semester starts.

***** Incomplete and missing application documents will not be considered. *****

DECLARATION I hereby certify that I have the qualifications for application as specified in the admission announcement of Kasetsart University. If any of my qualifications are incomplete or if I have given false information in this application form, I hereby willingly permit Kasetsart University to disqualify my application without any appeals.

Applicant's signature

Date (dd/mm/yyyy)

CONTACT

Contact	E-mail	Telephone no.
International Studies Center	ku.oip@ku.ac.th	(+66)2 562 0985