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MAHIDOL UNIVERSITY
FACULTY OF SCIENCE

APPLICATION FOR ADMISSION TO INTERNATIONAL BACHELOR PROGRAM IN

BIORESOURCES & ENVIRONMENTAL BIOLOGY

Please complete this form in BLOCK CAPITALS

1. PERSONAL DETAILS

Surname/ Family name _____ First/ Given names _____

Title ___ Miss/___ Mr. Date of birth _____ Gender ___ F/ ___ M
Day-Month-Year

Nationality _____ Country of birth _____

Country of permanent residence _____

Passport number (for non-Thai) _____ Expiry date _____
Day-Month-Year

2. APPLICANT CONTACT INFORMATION

Permanent of home address _____

_____ Country _____ Postcode _____

Telephone _____ Fax _____ E-mail _____

3. ADDRESS FOR CORRESPONDENCE (if different from home address)

Address _____

_____ Country _____ Postcode _____

4. EDUCATIONAL BACKGROUND

Certificate granted	Program study	School	Country	Year enrolled from...to...	GPA or %

5. ENGLISH LANGUAGE PROFICIENCY

Is English your first language? _____ Yes _____ No

Please list any formal English language qualifications with results obtained

English qualification	Grade or score	Date test taken or to be taken (Day-Month-Year)
IELTS		
TOEFL		
MU-Test		
SAT I (Only English)		

6. FINANCE SUPPORT

Please provide details of how you intend to pay your tuition fees.

_____ Self

_____ Family (please specify) a) Contact person _____

b) Address _____

_____ Sponsor (please specify) _____

_____ Scholarship (Please specify) a) Scholarship name _____

b) Duration of scholarship _____

7. SCHOLARSHIPS

The Faculty of Science (International Bachelor Program), Mahidol University offers two categories of scholarships each year to outstanding students based on high school academic performance, talent academic achievement and long-term academic performance.

If you are interested in applying for one of SIM Scholarships, please specify and fill out the form.

___ NO

___ SIM Initiate Scholarship

___ SIM Premier Scholarship

___ SIM Outstanding Foreign Scholarship

8. DECLARATION

I certify that the information given in this application and in the supporting documents is accurate and complete. I agree to the University processing personal data contained in this form, or other data which the University may obtain from me or other sources, for any purpose connected with my studies, health, welfare, safety or for any other legitimate purpose. I acknowledge that the provision of incorrect information or documentation relating to my application may result in cancellation of any offer of enrollment by Mahidol University

Applicant's signature _____

(_____)

Date _____

Day-Month-Year

PLEASE SUBMIT THIS APPLICATION FORM AND CREDENTIAL DOCUMENTS VIA E-MAIL

E-mail: scsim@mahidol.ac.th

