



NARESUAN UNIVERSITY

Application Form for “2025 NU Cultural Exchange Program in Thailand (NU CEPT)” at Naresuan University, Thailand During 9 – 12 February 2025 (14 Days)

| 1) Personal Details | | | | | | |
|---|--------------------|--------------------|-------------------|--|--|------------|
| Title | Family name | Middle name | First name | | PHOTO (4 cm× 3 cm) Recent formal photo, half length, full front face (nothing on head or hair.) | |
| (-----as shown in passport-----) | | | | | | |
| <input type="checkbox"/> Mr. | | | | | | |
| <input type="checkbox"/> Ms. | | | | | | |
| City and country of birth | | Nationality | | Date of birth (DD/MM/YY) | | Age |
| | | | | | | |
| ID Line | | Facebook | | Email | | |
| | | | | | | |
| Home address | | | | Contact Person in case of emergency (in your home country) | | |
| Address: | | | | Name: | | |
| | | | | Address: | | |
| | | | | | | |
| Telephone No: | | | | Telephone No: | | |
| (Country Code / Area Code / Number) | | | | (Country Code / Area Code / Number) | | |
| Email: | | | | Email: | | |
| | | | | Relationship of this person to you: | | |
| Degrees, Diplomas and Certificates | | | University | City / Country | Current Year of Study | |
| Bachelor of | | | | | | |
| Majoring in | | | | | | |
| Faculty/School of | | | | | | |
| | | | | | | |

| 2) Language Proficiency | | | | | |
|--|---|---------------------------------------|--|-------------------------------|-------------------------------|
| English Skill | Speaking | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| | Listening | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| | Reading | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| | Writing | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| | Name of Examination | Score or Level | | Test Date (Year/Month) | |
| <input type="checkbox"/> TOEFL | () | | () | | |
| <input type="checkbox"/> IELTS | () | | () | | |
| <input type="checkbox"/> Other: | () | | () | | |
| Other Language(s) spoken/studied | | | | | |
| 3) Passport Status | | | | | |
| Possession of Passport | <input type="checkbox"/> Already obtained | | <input type="checkbox"/> Not yet obtained | | |
| Passport No.: | Issuing Authority: | Date of Issue: (DD/MM/YY) | Date of Expiration: (DD/MM/YY) | | |
| 4) Health Condition | | | | | |
| Overall Health Condition | <input type="checkbox"/> Excellent | | <input type="checkbox"/> Good | | <input type="checkbox"/> Poor |
| Medical Treatment Status | | | | | |
| <input type="checkbox"/> I am not receiving any medical treatments | | | | | |
| <input type="checkbox"/> I am under treatment or being monitored | | | | | |
| Please specify medical condition: | | | | | |
| <input type="checkbox"/> I have medical records | | | | | |
| Please specify previous medical condition: | | | | | |
| Mental Health Status | | | | | |
| <input type="checkbox"/> Not applicable | | | | | |
| <input type="checkbox"/> Under treatment or being monitored or having completed treatment | | | | | |
| Please specify medical condition: | | | | | |
| <input type="checkbox"/> Describe your concerns about your condition. If there is any continued treatment required while in Thailand, please describe: | | | | | |

| | | | | |
|---|-------------------------------------|-------------------------------------|---|---------------------------------------|
| Health Allergies | | | | |
| Do you have any allergies including, medication, environment factors, insect, etc., or have a medical condition or take any medication that Naresuan University should be aware of? | | | | |
| <input type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes. Please provide detail: | | | | |
| Dietary Restrictions | <input type="checkbox"/> Halal Food | <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Seafood | <input type="checkbox"/> Others |
| 5) Overseas Travel Insurance | | | | |
| Please read and check <input checked="" type="checkbox"/> in the box | | | | |
| <input type="checkbox"/> I understand and agree that I, as an international exchange student, have a proper overseas medical health insurance from my home country. Overseas Travel Insurance policy covers any cases of death, injury, accident, sickness, medical and rescuer's expenses, hospitalization expenses (both In-Patient and Out-Patient), and personal liability through the length of my stay in Thailand. | | | | |
| 6) Home University Approval: | | | | |
| To be completed by the approval of International Office/Department/Faculty from home university. | | | | |
| Name: Position: | | | | |
| Faculty/Department/Office of | | | Signature with Official Stamp: | |
| University: Country: | | | | |
| Telephone: Email: | | | | |
| Address: | | | | |

Remarks:

- 1) The program is subject to cancellation, if there are insufficient number of participants to launch the program. A full refund will be made individually to each applicant who has already remitted the program fee.
- 2) Applicant is advised **not** to purchase travel insurance, air-ticket nor other program-related expenses until receiving an official announcement.

I certify that all the information given in this application form is complete and accurate. I am aware that any false statement contained within or required information withheld from this form may constitute grounds for the denial of my application to the university.

Applicant's signature _____

Date _____

For more Information:

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