



AU STUDY ABROAD CENTER ASSUMPTION UNIVERSITY

Instructions for AU student who wants to study Abroad

Student's Name: _____ Student ID:

You are applying for An Academic year: _____ Program: _____ Country: _____

Please READ the program Catalogs or access the partner Universities website you are interested in carefully before completing this application.

This application contains 3 parts and all parts must be completed

Part 1 Application form

Part 2 Faculty recommendation form

Part 3 Participation Agreement

Important Information:

You should make sure that you possess a valid passport or other acceptable travel documents to travel abroad. The university is not responsible for obtaining a student visa or education visa for you, but will provide all necessary support to our students.

You should expect to pay for foods, housing, travel and other costs on your own. Please study the host school's material carefully and look under "Estimated fees and expenses".

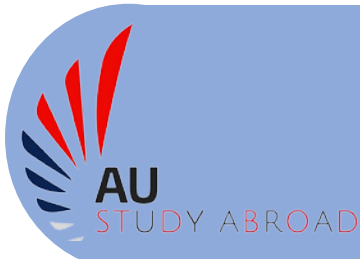
The information provided by you will be used for the following purposes:

A) As a basis for selection for the assumption University study abroad program and for other relevant purposes

B) For obtaining from the relevant institutions information about your studies and activities

Application Document Checklist

- Completed and signed application form (Part1)
- Applicant's recent colored photograph and an unofficial transcript
- Copy of passport page containing your personal details such as Name, Date of Birth, Nationality, Date of issue and Date of expiration
- A copy of TOFEL/ IELTS scores



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PART 1: Application Form

PART A: PERSONAL DETAILS

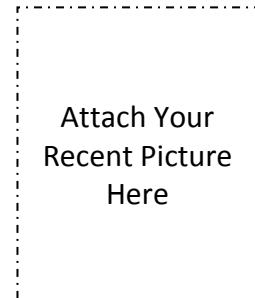
You must provide your personal details as they appear on your Thai National ID Card or Passport
Please write clearly and in CAPITAL LETTERS

Title: _____ Full Name: _____

Date of Birth Place of Birth _____

Thai National ID CARD no. / Passport No. _____

Passport Expiry Date Nationality _____



Current Address: _____

Home Address: _____

Email Address: _____ Mobile No.

Person to be contacted in case of Emergency

Name _____ Relationship _____

Email Address: _____ Mobile No.

PART B: ACADEMIC BACKGROUND AT ASSUMPTION UNIVERSITY

Student ID Faculty _____ Major _____

Current Year of Study _____ Expected of Graduation _____

PART C: TOEFL/ IELTS EXAMINATION SCORE:

Completion TOEFL Test Date:
 IELTS

Expected TOEFL Test Date:
 IELTS

TOEFL/IELTS score: _____



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PART D: CHOICE OF INSTITUTIONS

Please list your preference of overseas institution at which you wish to study. (Please note that there is no guarantee that you will be recommended to your first three choices for participation in the Program. The information will, however, facilitate the selection process and in reaching a final decision, if you were short-listed for an interview. Please also be “realistic” in your choices- that is, do not only go for the “names” and “ranks” of the overseas institutions. When putting down your choices, consider carefully your own academic performance and ability.)

1st Choice _____

2nd Choice _____

3rd Choice _____

PART E: DECLARATION

I hereby declare that the information given in support of this application is accurate and complete, and understand that any misrepresentation will result in disqualification of my application for participation in the Study Abroad Program of Assumption University. I understand that my data may be sent to the overseas universities I choose for the Program.

Signature _____ Date _____



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PART 2: Recommendation letter from the faculty (Required for double degree program only)

Full Name _____(write clearly and in CAPITAL LETTERS)

Student ID Faculty _____ Major _____

Current Year of Study _____

The personal data collected in the Recommendation form are for the process of selecting students to study abroad program. Your data also may be sent to the overseas universities chosen by your study abroad. Your consent for the aforesaid use for your personal data is deemed to be granted if you give this form to a faculty member to complete.

STUDENT EVALUATION:

(Select the most appropriate box based on your best knowledge of the student)

No.	Basis for Judgment	Excellent	Good	Average	Below Average
1	Creative original thought				
2	Motivation independence				
3	Initiative intellectual ability				
4	Oral English ability				
5	Writing expression of ideas				
6	Effective class discussion				
7	Disciplined work habits				
Summary Evaluation					

Name _____ Position _____

Faculty / Department _____

Signature _____ Date _____



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Part 3: Participation Agreement (For Assumption University Students)

Should I be selected, I, **Student ID**

Name _____ hereby accept placement on the Assumption University Student Study Abroad Program. The host institute and period for my study abroad placement are as specified in the Program I have received from Assumption University. I further agree with Assumption University as follows:

1. I will conduct myself in strict accordance with relevant regulations (academic and code of conduct) as stipulated by Assumption University and in compliance with the policies, rules and regulations prescribed by the host institute.
2. My placement may be terminated early if I fail to remain enrolled full-time, fail to maintain minimum academic standards as defined by Assumption University and my host institute, or am found in violation of laws and regulations of my host country or institution. Such termination may carry the same financial obligations as withdrawals.
3. My placement will be limited to the specified period. An extension request is subject to approval in writing by both Assumption University and my host institution.
4. I will inform Assumption University immediately if I am unable to take part in the Program after having signed this Agreement.
5. I will take part in all aspects of the Program, including my Orientation, Post-Return Debriefing and Evaluation sessions as required and will assist in the promotion of the Program as requested by Assumption University and/or my home department.
6. I agree that my academic and personal records will be forwarded to the host institution. I also consent to the disclosure of information to my parents, guardians, emergency contact person, officers of the program at Assumption University and at the host institutions for the duration of my participation in the Program.
7. I will provide Assumption University with my postal and e-mail address as well as telephone number in the host country and respond to requests for information from Assumption University and students who may participate in the Program in future.

I hereby acknowledge that I have read and agreed to the above Agreement

Participating Student's Signature _____ **Date** _____

Parent's name: _____ **Parent's Signature** _____