



Application Form

Doctor of Philosophy in Language and Communication
Graduate School of Language and Communication
National Institute of Development Administration

I Program of Study

1(1.1) Ph.D.
(dissertation only)

Required Documents

- Statement of Purpose
- Research Proposal
- TOEFL/IELTS

2(2.1) Ph.D.

(coursework & dissertation)

Required Documents

- Statement of Purpose
- TOEFL/IELTS

2(2.2) M.A. – Ph.D.
(coursework & dissertation)

Required Documents

- Statement of Purpose
- TOEFL/IELTS

II Personal Information

Gender Last Name _____

Male First _____

Female Middle _____

Full Name in Thai (If any)

Place your photo

HERE

Date of Birth (dd/mm/yy) _____

Thai ID. No. / Passport No. _____

If you are **NOT a THAI** citizen, please advise your current immigration status in Thailand.

THAILAND Alien Registration Number _____

Non-Immigrant Visa type _____

Important **NOTE:** In order to register as a student, NIDA requires that applicants who are not THAI Citizens or THAI Permanent Residents obtain and maintain an appropriate visa status for their stay in THAILAND.

III 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 _____

IV Academic Background

Important **NOTE:** Applicants must provide certified copies of all academic documents for each application. 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:

Scholarships, prizes, and other distinctions obtained in the past (list only the most important).

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

Who will support your study financially?

- Self Support
 Organization
 University
 Other sources specify _____

Do you want to apply for Full Scholarship? Yes No

V Employment Information

If you wish your work experience to be considered, please complete this section in explicit detail. List only the most relevant jobs. You may wish to attach letters of support from employers.

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

Relevant Membership, Affiliations, Certification, etc.

Organization	Status

VI Referees Information

Please list names and addresses of your **academic referees**. Each application must be accompanied with letters of recommendation from 2 referees. The recommendation from each referee must be submitted in a separate sealed and signed envelop. No documents submitted by the applicant will 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 _____

VII Declaration

Please read carefully before signing your application

1. I understand that the Selecting Committee of the Graduate School of Language and Communication, 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 its decision as final.
8. Application fee is non refundable.

Name (Print) _____

Signature _____

Date _____