

# APPLICATION FORM

## MAHASARAKHAM UNIVERSITY Graduate Programs

Mail all documents to:  
The Office of International Relations  
Mahasarakham University  
Khamriang Sub-district,  
Kantarawichai District,  
Maha Sarakham  
44150 THAILAND  
Phone/Fax +66-43-754-241

Affix your photo here

Please type, or print all information in block letters

**Full Name** (First-Last name)

**BIRTHDATE** (dd/mm/yy)

**SEX**

Male

Female

**BIRTHPLACE**

**NATIONALITY**

**PERMANENT ADDRESS/HOME ADDRESS**

**CURRENT ADDRESS** (your preferred contact address)

Please include phone numbers and email address.

**PROPOSED PROGRAM OF STUDY**

(please specify)

( ) Master's

( ) Doctoral

**SEMESTER THAT YOU ARE APPLYING FOR**

( ) 1<sup>st</sup> Semester(August) ( ) 2<sup>nd</sup> Semester(January)

**SCHOOL ATTENDED**

All undergraduate & graduate schools you have attended

Name of School	Location	From-To	Type and Date of Degree Obtained

**Certification:** I,..... (print your name here) an application for admission to Mahasarakham University hereby promise to obey the laws of the Kingdom of Thailand and the regulations laid down by the government for the conduct of students coming from abroad. I am fully aware that a serious violation of these laws and regulations may be followed by expulsion from the university and deportation from the country. I also do not hold the school responsible for my personal conduct or for my personal debts for fines imposed upon me for violations of laws. Finally, I certify that to the best of my knowledge the above information is complete and correct.

<b>Applicant's Signature</b>	<b>Date</b> (dd/mm/yy)

*International Relation Office, Mahasarakham University, Thailand, Application document and form*