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| --- |
| * To apply for admission as an exchange or visiting student, please contact via our email at [opinter@mahidol.ac.th](mailto:opinter@mahidol.ac.th). You will need to submit the following documents;  1. A valid passport. 2. Your TOEFL/IELTS scores, if any. (The minimum acceptable level for admission varies for different subjects, but is normally not less than a TOEFL score of at least 69 for the internet-based test or IELTS 6.0.) 3. Your academic transcript(s) (e.g. college/university education) 4. An up-to-date passport photo (in jpg/jpeg format, size 1MB max) 5. Reference Letter from the Home University 6. A copy of your health insurance (For undergraduate program only, if you apply for postgraduate program, you have to buy health insurance from Faculty of Graduate Studies)  * It would take about 2 – 4 weeks for the host faculty to consider your application. * After the acceptance, the coordinator from host faculty will contact you concerning housing reservation. |

**1. PERSONAL INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  | | | **Gender:** |
| **Date of Birth** | **/ /　 (DD/MM/YYYY)** | | | |
| **Nationality** |  | **Passport No:** | | |
| **E-mail Address** |  | | | |
| **Address** |  | | | |
| **Zip code:** | | **Country:** | |
| **Telephone** |  | | | |

**2. ACADEMIC INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **University** |  | **Country** |  |
| **Faculty** |  | **Year of study** |  |
| **Department/ Major** |  | | |
| **Date of enrollment** |  | | |
| **Date of graduation**  **(expected to graduate)** | **/ /　 (DD/MM/YYYY)** | | |
| **Current GPA** |  | | |

**3. DETAILS OF EXCHANGE PROGRAM**

|  |  |
| --- | --- |
| **Faculty/ College/ Institute (of Mahidol University)** |  |
| **Department/ Program** |  |
| **Duration of stay** |  |
| **English Proficiency**  **Score (TOEFL/ IELTS)** |  |

**4. EMERGENCY CONTACT**

\*Make sure that he/she provides permission before you add his/her personal information

|  |  |  |
| --- | --- | --- |
| **Name** |  | **Relationship:** |
| **Address** |  | |
| **Zip code:** | **Country:** |
| **Telephone** |  | |
| **E-mail Address** |  | |

**5. HEALTH INFORMATION**

|  |
| --- |
| *Do you have any health problem/ physical problem or have been under medication?* |

**6**. **PRIVACY NOTICE**

We may collect and process the information about you upon your enrolment at the university and subsequently to manage your relationship with us as a registered student throughout your activity period.

Please visit our website to see your personal data that we collect, purpose of processing data, lawful bases for processing data and your rights at: <https://privacy.mahidol.ac.th>

**7. YOUR CONSENT**

We ask for your consent to collect, use or disclose your personal data for your benefit and/or to enable us to proceed with the nomination process with our faculties, college, institute to fulfill your need to participate in the exchange program at Mahidol University, Thailand.

I have read and understood the privacy notice for the disclosure of personal information. and agree to disclose my personal information to receive services with the International Relations Division, Mahidol University\*

Accept

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( )

Exchange program applicants / Data Subject