

Student Exchange Application

1 TGGS CANDIDATE PERSONAL INFORMATION

Name:	(Family Name)	(First Name)	(Middle Name, if any)
National Identification Number:	Passport Number:		
Gender (M-Male or F-Female):	Age (Year/Month):		
Date of Birth (Day/Month/Year):	City and Country of Birth:		
Country of Citizenship:	Native Language:		
Permanent Address:			
City/State/Province:	Country:	Postal Code:	
Home Phone Number (include country/area code):	Mobile Number (include country/area code):		
Email Address:			
In the case of emergency, please provide the contact of closest relative (not living in same household)			
Relationship:			
Name:	(Family Name)	(First Name)	(Middle Name, if any)
Permanent Address:			
City/State/Province:	Country:	Postal Code:	
Home Phone Number (include country/area code):	Mobile Number (include country/area code):		
Additional Document from TGGS Candidate: <ol style="list-style-type: none"> A copy of your passport. Straight face picture. Completion of the International Exchange Student Card (IES Card) Application Form. 			

2 VISA APPLICATION INFORMATION

I am going to apply for the **STUDENT VISA*** at the Royal Thai Embassy in (please specify town and country):

*Please make sure that you have the student visa upon the arrival in Bangkok. **Without the student visa, YOU CANNOT BE ENROLLED AS TGGS EXCHANGE STUDENT.**

Based on our experience and feedback from TGGS International Students, TGGS recommended the exchange student to apply for the ED Visa at the Royal Thai Embassy (not the Royal Thai Consulate**).

3 EXCHANGE STUDENT HOME UNIVERSITY INFORMATION

Study Degree: <input type="checkbox"/> Master of Engineering <input type="checkbox"/> Doctor of Engineering	Student Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Study Program:	
Major:	
University Name:	
University Address:	
City/State/Province:	Country: <input type="text"/>
	Postal Code: <input type="text"/>
Home Phone Number (include country/area code):	Mobile Number (include country/area code):
<p>Additional Document from TGGS Candidate:</p> <ol style="list-style-type: none"> Exchange Student Nomination from your university. Official copy of Transcript upon completion of your university course work. 	

4 TGGS EXCHANGE STUDENT INFORMATION AND REQUIREMENT

Study Degree: <input type="checkbox"/> Master of Engineering <input type="checkbox"/> Doctor of Engineering	Student Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Study Program:	
Major:	
Enrolled Semester: <input type="checkbox"/> First (August to December) <input type="checkbox"/> Second (January to May)	Academic Year:
From (Day/Month/Year):	To (Day/Month/Year):
Purpose of Study: <input type="checkbox"/> Course Work <input type="checkbox"/> Internship <input type="checkbox"/> Thesis <input type="checkbox"/> Research Work	Project Topic: Thesis Topic: Research Topic:
<p>Additional Document from TGGS Candidate:</p> <ol style="list-style-type: none"> One page of Motivation Letter. Curriculum Vitae (CV). 	

5 PROGRAM

I will inform the courses that I would like to register to you later to email academic@tggs.kmutnb.ac.th as soon as possible.

Please find the courses that I would like to register as below.

Offered Courses:

No.	Course Name	Credits	ECTS Credits
1			
2			
3			
4			
5			

Regarding the semester course offered and class schedule, please contact the program coordinator.

Program Coordinator list is available at <https://www.tggs.kmutnb.ac.th/studying-at-tggs/academic-programs/>

Remarks:

- The students do not allow to change the confirmed courses as listed in TGGS Learning Agreement after signing.
- The TGGS registration office will issue the student a certificate stating the examination results of the taken courses.

6 HEALTH AND ACCIDENTAL INSURANCE INFORMATION

Health Insurance Agency/Company:

Agency/Company Address:

City/State/Province:

Country:

Postal Code:

Policy No:

Coverage Period: From (Day/Month/Year)

To (Day/Month/Year)

Accidental Insurance Agency/Company:

Agency/Company Address:

City/State/Province:

Country:

Postal Code:

Policy No:

Coverage Period: From (Day/Month/Year)

To (Day/Month/Year)

Additional Document from TGGS Candidate:

Official copy of Health and Accidental Insurance for the period of study in Thailand.

7 ACCOMMODATION

Please specify:

Please reserve KMUTNB On-Campus Accommodation* for me on:

Check-in date.....Check-out date.....(Maximum 1 month).

Please reserve KMUTNB On-Campus Accommodation* for me. I will inform you the check-in and check-out date to you later by email.

VERY IMPORTANT REMARK: Cancellation of this reservation after submitting this form/reserve by email is NOT PERMITTED. If the student cancels the reservation or fail to check-in on time on the day of your reservation, please note that you may be charge.

(*KMUTNB On-Campus Accommodation: share room, Short term staying (a few days up to 1 month only).)

I do not want to reserve KMUTNB On-Campus Accommodation. I will find it by myself.

8 DECLARATION

I hereby confirm that I accept all associated conditions of enrollment into TGGS as an exchange student, including the TGGS regulations, guideline and study procedures.

I hereby give my permission to TGGS to photograph and/or record in videos footage and grant permission for TGGS to use my pictures or videos for education promotion purposes on website, poster or any other publication by TGGS.

Signature of Exchange Student Candidate:

(

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Date:

For TGGS Only

Please specify:

I accept this Exchange Student Candidate to be an Exchange Student in my program.

I **do not** accept this Exchange Student Candidate to be an Exchange Student in my program,

Please explain the reasons.....

Signature of Program Coordinator or Program Lecturer:

(

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Date: