

## Application for Admission

Please fill in on your computer and send with email – do not hand write.

I would like to enroll for Semester: \_\_\_\_\_ of Year: \_\_\_\_\_

Select one:

Information Technology  
English Communication

International Business Management  
Hospitality Industry Management

Firstname

Middle name

Photo

Lastname

Sex

Age

If you are sending using email, attach the photo to your email.

Country of  
Citizenship

Date of Birth

Passport Number

Place of Birth

Country of residence

Religion

### Current address

Street

Town / City

State / Province

Postal code

Country

Telephone

Email

### Permanent address *(if different)*

Street

Town / City

State / Province

Postal code

Country

Telephone

To which address should materials be sent?

### Emergency contact

Firstname

Lastname

Relation

Telephone

Email

### Academic history

#### Currently attending

Location

Current year

College Major

Minor

Credits earned to date

Graduation date (expected)

Academic honors, awards or other achievements

High school

## Language proficiency

What languages do you have some ability in (other than your native language)

Language 1

years of study

speaking

listening

reading

writing

Language 2

years of study

speaking

listening

reading

writing

Language 3

years of study

speaking

listening

reading

writing

## English proficiency

Non-native speakers: TOEFL or IELTS English proficiency test.

You must submit an official copy of your TOEFL or IELTS score with your application.

TOEFL score

IELTS score

Date taken

## Insurance information

Insurance provider

Provider phone

Provider email

Policy Number

Fax Number

Website

## Additional information

Do you plan to travel in Thailand before you arrive in Chiang Mai? Please state your plans.

Do you have any dietary restrictions or allergies which the program should be aware of?

By checking this box, I hereby certify that the statements I have given in this application are complete and correct to the best of my knowledge. I understand that the concealment of information may result in rejection of my application or disciplinary action including possible dismissal from the program if discovered after enrollment.

## Statement of Student Responsibilities

Firstname

Lastname

Country of citizenship

Passport Number

I, the undersigned, understand that the Payap University Exchange Program requires all students to maintain certain academic and behavioral standards as detailed below. By my signature I acknowledge that as a participant in the Exchange Program I accept these standards and understand that should I fail to abide by them, I will be subject to disciplinary actions that may include suspension from the program and/or termination from the program without recourse of compensation.

### Academic Responsibilities

Students are required to attend all scheduled classes, program activities, academic field trips and program meetings during their course of study at Payap University. In addition, students must maintain a full-time course of study (a minimum of 15 credits per semester for undergraduate students). Students electing to stay for a second semester must achieve a minimum grade point average of 3.0 during their first semester. Academic transcripts will not be issued until all outstanding debts have been cleared with Payap University.

### Behavioral Responsibilities

Students will be expected to behave themselves in a culturally appropriate and non-ethnocentric manner while attending Payap University. Inappropriate public displays of affection, chronic complaining, offensive behaviour or speech (towards people of other gender, race, culture or religion will not be tolerated and may result in disciplinary action. This includes correctly wearing the university uniform whenever on campus or participating in academic activities. Students not wearing appropriate Payap University uniform may be refused entry into class. Illegal, inappropriate or violent behavior will result in termination from the program, without compensation.

### Legal Issues

Students will be subject to the laws of the Kingdom of Thailand and will be solely responsible for any civil or criminal matter in which they become involved. Students are reminded that legal protections and procedures in Thailand may be very different from those of the student's home country. The possession of illegal drugs, in particular, is treated as a serious criminal offense in Thailand. In accordance with Thai law and Payap policy, possession and/or use of illegal drugs is strictly prohibited. Violation of this policy will result in immediate termination from the program, without compensation.

### Transportation

Payap strongly discourages students from riding as passengers on motorcycles, and strictly prohibits Exchange Program students from owning, renting or driving motorcycles while participating in the program. Traffic laws and behaviour may differ significantly from those of a student's home country and traffic congestion in Thailand can make driving motorized vehicles, particularly motorcycles, dangerous. Any program participant riding as a motorcycle passenger must wear a safety helmet. Students seen riding without a safety helmet, or students seen driving a motorcycle will be subject to disciplinary action by Payap University and their home schools informed of the safety violation.

### Medical Responsibilities

All Payap students are provided with basic health services at the Payap University clinic and have access to additional medical care and hospitalization at McCormick Hospital. The medical services covered by Payap University **MAY NOT BE AS COMPREHENSIVE** as the health insurance programs under which students are covered in their home countries. Students are, therefore, **REQUIRED** to obtain or maintain their own private medical insurance coverage, including repatriation and medical evacuation coverage.

Agreed to and signed by:

Student signature date:

**Student Medical Form**

<b>Firstname</b>	<b>Middle name</b>	<b>Sex</b>
<b>Lastname</b>	<b>Date of Birth</b>	<b>Age</b>
<b>Country of Citizenship</b>	<b>Passport Number</b>	

**Contact address**

**Street**

**Town / City** **State / Province**

**Postal code** **Country**

**Telephone** **Email**

**Emergency contact**

<b>Firstname</b>	<b>Lastname</b>
<b>Relation</b>	<b>Telephone</b> <b>Email</b>

**Family Health History**

	Age	State of health	Age of death	Cause of death	Tuberculosis	Diabetes	Heart disease	Asthma	Allergies	Epilepsy	Cancer	Mental illness	Other
<b>Father</b>													
<b>Mother</b>													
<b>Brother 1</b>													
<b>Brother 2</b>													
<b>Brother 3</b>													
<b>Sister 1</b>													
<b>Sister 2</b>													
<b>Sister 3</b>													

**Current Medical History**

yes no

Have you had an injury or recieved medical care from a physician at any time in the past 12 months that could affect your academic performance and/or participation in program-related excursions (eg. mobility issues, mental stability, etc)?

Do you have any condition requiring on-going medical supervision and treatment, or have you had any significant conditions which are currently in remission? (eg. diabetes, heart problems, gastrointestinal disorder, seizures, cancer, etc.)?

Are you currently receiving, or have you recieved in the past two years counseling in the treatment of any emotional problems, drug adictions, alcoholism, psychiatric condition or eating disorder?

*If you answered YES to any of the questions above, please give details of your condition and complete the Physician's Report section on the following page, to be signed by your doctor.*

# Personal Medical History

	yes	no		yes	no		yes	no
chicken pox			asthma			chronic skin problems		
hepatitis			operation(s)			anxiety reactions		
infections mononucleosis			allergic reactions			gastrointestinal problems		
tuberculosis (TB) or contact with TB			anemia			migraine headached		
heart problems			fainting spells			endocrine disorder(s)		
high blood pressure			epilepsy			allergies to medication(s)		
irregular or rapid heart beat			diabetes mellitus			physical handicap (please elaborate)		
pain or pressure in the chest			malaria			currently taking medication? (list)		

*\* please give details for any "yes" answers on a separate sheet. Indicate your problem, diagnosis, and whether you have made a complete recovery of if you are still under treatment. If still under treatment, your physician must complete the Physicians Report section below.*

## Immunizations

**The following diseases are among those present in Southeast Asia. Please consult with your physician about the advisability of vaccination against these diseases, and indicate which vaccinations you have already received.**

	Date of Immunization		Date of Immunization
Diphtheria Pertussis Tetanus (DPT)		Measles	
Mumps		Polio	
Hepatitis A		Hepatitis B	
Japanese Encephalitus D		Other	

**I Hereby certify that the responses I have given are correct to the best of my knowledge. I understand that the concealment of the aforementioned information may result in rejection of my application and/or disciplinary action including possible dismissal from the program if discovered after enrollment. If I have answered YES to any of the "Personal History" questions above, I hereby authorize my physician to provide a complete response to the questions below.**

**Agreed to and signed by:**

**Student signature date:**

## Physician's Report

**The applicant named above has indicated a current medical issue. Please evaluate the physical and/or mental health of this person. He/she is applying to attend the Student Exchange Program at Payap University in Chiang Mai, Thailand.**

Diagnosis

Medications and dosage

Stability of condition over the last two years

Recommendations for care of this individual

**Are you aware of any medical considerations that would inhibit, or should prohibit the full participation of this applicant in a program of academic study in Thailand?**      Yes      No

**Name of Physician:**

**Physician's Signature :**

**Physician's address and telephone:**