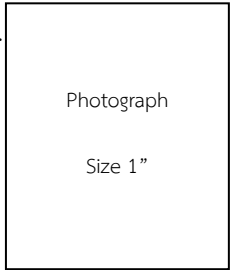




Student Application Form
National Institute of Development Administration (NIDA)
Master of Management Program Integrated
Tourism and Hospitality Management
Graduate School of Tourism Management (English Program)
Regular Program (Full-time)



- Scholarship Type 1 Scholarship recipients shall be waived from tuition fees throughout the program of study Monthly allowances and other educational support will also be provided throughout the program.
- Scholarship Type 2 Scholarship recipients shall be waived from tuition fees throughout the program of study.
- Scholarship Type 3 Scholarship recipients shall pay half of tuition fees throughout the program of study.

Personal and Contact Information:

1. Title Mr. Mrs. Miss Others, please specify

2. Name Surname

3. Name (English)..... Surname (English).....

4. Gender Male Female Age..... Date of birth

5. Marital Status Single Married Divorce

6. Identity or passport Number Country of birth/...../.....

7. Nationality..... Race..... Religion..... Hometown.....

8. Residential address

RoadSub-district District.....

Province.....Postal code Home phone.....

Mobile E-mail address

9. Current career Position

Work address No.Road..... Sub-district

District.....Province.....Postal code.....

Mobile E-mail address

10. Person to notify in case of emergency Relationship.....

Address

Home phone Mobile

Education Information

Educational Level	Institute/ University	Degree/Program	Year of Grduation	GPA
Vocational/ Technical				
Bachelor				
Other, please specify				

Proficiency in English (If available)

- TOEFL Test dates.....Score.....
- IELTS Test dates.....Score.....
- Others, please specify _____ Test dates.....Score.....

Application No.:.....

Employment Experience

Organization	Position	Duration

Total period of employment.....year(s).....month(s) Salary (most recent).....

Immediate supervisor..... Position.....

Company.....

Training/Seminar

Program	Period	Organizer

Referees (Min. 2 persons)

1. Name.....Position.....

Company.....Telephone.....

2. Name.....Position.....

Company.....Telephone.....

How did you find out about GSTM?

Website

Newspaper

Brochure

Alumni

Other, please specify

I declare that the information submitted is correct and complete.

Signature

(.....)

Date.....Month.....Year.....



Student Assessment Form Master of Management Program
 Integrated Tourism and Hospitality Management
 Graduate School of Tourism Management (GSTM)

1. Application Number

2. Application's Name (Mr./Mrs./Miss)

3. Evaluator's Name (Mr./Mrs./Miss)

Position.....

Company and Address.....

..... Phone

Relationship to applicant and length of association

4. Please rate the applicant for the following categories

Categories	Excellent	Good	Average	Poor	Very Poor	No comments
Work-related knowledge						
Responsibility						
Creativity						
Enthusiasm						
Ability to work with others						
Contributions to the organization						
Potential to function as manager						

5. Other Comments:

.....

.....

.....

.....

Signature

(.....)

Date..... Month.....Year.....