Application Form

Master of Arts in English Language Studies and Teaching

The School of Language and Communication – The National Institute of Development Administration

I. **Program of Study**

☐ Regular Classes (to study on weekdays)

Are you applying for a scholarship? ☐ **Yes** ☐ **No**

Which type of a scholarship are you applying for? _____

☐ Special Classes (to study on Saturday and Sunday)

☐ Flexible Classes (block courses, to study on weekdays)

II. **Personal Information**

Place your Photo HERE

Gender ☐ Male ☐ Female

First name _____

Last name _____

Middle name _____

Date of birth (dd/mm/yy) _____

Thai ID. no. / Passport no. _____

If you are **NOT a THAI** citizen, please indicate your current immigration status in Thailand.

Thailand alien registration no. _____

Non-immigrant visa type _____

NOTE: To register as a student, NIDA requires that applicants who are not Thai citizens or who are Thai permanent residents obtain and maintain an appropriate visa status for their stay in Thailand.

Address and Contact Information

Current Mailing Address:

Address _____

City/State/Country _____

Postal Code _____ Phone /Mobile _____

E-mail _____

Permanent Address:

Address _____

City/State/Country _____

Postal Code _____ Phone / Mobile _____

E-mail _____

III. **Academic Background:**

NOTE: Applicants must provide certified copies of all academic documents for application.
Your application may not be considered without providing proof of successful completion of academic qualification(s).

Academic Records:

List records of all academic study or programs (undergraduate level and beyond) previously attempted or completed, as well as currently enrolled.

Name of Institute	Major / Program	Date Attend From - To	GPA.	Degree Awarded
.....				
.....				
.....				

English Proficiency:

TOEFL / IELTS	Date Taken	Test Score

Scholarship Information:

Name of Award	Organization Issuing the Award	Reason for Award	Date of Award	Value (if applicable)
.....	.....			
.....	.....			

Who will financially support your study?

☐ Self-Support ☐ Organization ☐ University

☐ Other sources, please specify _____

IV. Employment Information

If you would like your work experience to be considered, please complete this section in detail.

List only the most relevant jobs. You may attach letters of support from your employers.

Name and address of Company / Employer	Position / Duties and Responsibilities	Years employed
.....	.....	
.....	.....	

Relevant Membership, Affiliations, Certification, etc.

Organization	Status

V. Referees Information

Please list names and addresses of your academic referees. Each application must be accompanied by letters of recommendation from 2 referees. The recommendation from each referee must be submitted in a separate sealed and signed envelop. All documents submitted by the applicant will not be returned.

First Referee:

Name _____

Title/Affiliation _____

Name of Institute _____

Address _____

City/State/Country _____

Postal Code _____Phone/E-mail _____

Second Referee:

Name _____

Title/Affiliation _____

Name of Institute _____

Address _____

City/State/Country _____

Postal Code _____Phone/E-mail _____

VI. Declaration

Please read carefully before signing your application

1. I understand that the Selecting Committee of the Graduate School of Language and Communication, the National Institute of Development Administration needs this information so that it can fully and properly assess my application for study/scholarship and administer any subsequent enrollment in accordance with its policies and procedures.
2. I certify that all the information given in, and in association with, this application is complete and accurate, and I understand that if I have given false or misleading information, my application will not be processed and legal action may be taken against me.
3. I understand that it is my responsibility to submit the completed application form as well as all the requested documents/material by the requested date and that the Selecting Committee will not evaluate my application if I fail to do so.
4. I authorize the Selecting Committee to obtain and utilize further information relating to my application from third party organizations as it deems necessary.
5. I certify that I am the original and sole author of all work submitted as part of this application, except where clearly indicated otherwise.
6. I understand that all of the documents submitted with this application will not be returned.
7. I understand that the Selecting Committee will evaluate my case in a fair manner and accept their decision as final.
8. The application fee is non-refundable.

Name (Print) _____ Signature _____

Date _____