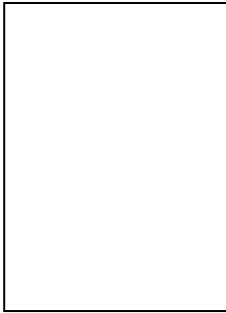




# Application Form for Student Exchange Program for International Dental Student



## Faculty of Dentistry, Khon Kaen University

123 Mittraparp Road, Khon Kaen, 40002 Thailand

Telephone +66 432 02405, Fax +66 4320 2862

### Checklist:

- An application form for student exchange program
- A copy of transcript (Academic record) in English
- A copy of your passport (first page)
- A photo (put on the application form)
- Insurance (later, please submit before you travel)

### PART A: Personal information

• **First Name:** ..... **Last Name:** .....

**Date of Birth (D/M/Y):** .....

**Male/ Female:** ..... **Marital status:** .....

**Nationality:** ..... **Country:** .....

**Address:** .....

.....

**Tel:** ..... **Fax:** .....

**E-mail:** .....

• **Name of your Institution:** .....

**Address:** .....

.....

**Tel:** ..... **Fax:** .....

**Year of Study:** .....

**How did you hear about the Faculty of Dentistry, Khon Kaen University?**

.....

.....

**Proposed duration of visit KKU:** from ..... to .....

**Expected arrival in Khon Kaen (D/M/Y):** .....

**PART B: Academic History/ Training**

**Education** (Please note your degrees obtained or expected.)

<i>Year to Year</i>	<i>Degree obtained/ expected</i>	<i>University/Institution</i>
..... - present	.....	.....
..... - .....	.....	.....

**Training/ Work Experiences**

<i>Year to Year</i>	<i>Position</i>	<i>University/ Institution/</i>
..... - .....	.....	.....
..... - .....	.....	.....

**Purposes of Visiting** (Please describe the purposes, fields of interest, activities, and benefit of this visit)

.....  
.....  
.....  
.....  
.....  
.....  
.....

**Person to notify in case of illness or accident**

**Name:** .....

**Address:** .....

.....

**Tel:** ..... **Fax:** .....

**Accommodations:**

Would you like us to find an accommodation for you during you stay in Khon Kaen?

No

Yes

Private Apartment (with air-condition, water-heater, bed, desk, wardrobe, bathroom, refrigerator, TV, wifi)

Daily rental is around 600 - 700 baht/night including water and electricity charges.

Monthly rental is 5,000 baht/month, and deposit is 5,000 baht, exclude water and electricity charges)

Other .....

**PART C:**

**To be completed by the Dean of the applicant's Dental School, or other responsible person.**

I support the above application for a period of elective study in the Faculty of Dentistry,  
Khon Kaen University, Thailand.

Signature: \_\_\_\_\_

(.....)

Date: \_\_\_\_\_

Applicant's signature

\_\_\_\_\_

*Please submit the completed form and documents to Asst.Prof.Dr. Teekayu Plangkoon Jorns ([teepla@kku.ac.th](mailto:teepla@kku.ac.th)), Associate Dean for Research, Graduate Studies and International Affairs and Miss Chutikarn Pholsaksai ([chupho@kku.ac.th](mailto:chupho@kku.ac.th)), International Relations Officer, Faculty of Dentistry, Khon Kaen University.*

**Contact us:**

**Faculty of Dentistry, Khon Kaen University  
International Affairs Section  
123 Mittrarp Rd., Muang, Khon Kaen, Thailand 40002**

• **Asst.Prof.Dr. Teekayu Plangkoon Jorns**

Email: [teepla@kku.ac.th](mailto:teepla@kku.ac.th)

• **Miss Chutikarn Pholsaksai**

Email: [chupho@kku.ac.th](mailto:chupho@kku.ac.th)