



Mobility Programme Application Form

Instructions:

- 1.) Please complete the form and submit to the respective Faculty/Institute within three (3) months before the program begins.
- 2.) Please attach a copy of documents that required.

Personal Details :

| | | | |
|--|---|--|----------------------------------|
| Full name : | | ID Number : | |
| Date of birth : (DD/MM/Year) | | Age : | Passport Number : |
| Undergraduate : <input type="checkbox"/> | Postgraduate : <input type="checkbox"/> | Country : | |
| Gender: Male <input type="checkbox"/> | Female <input type="checkbox"/> | Marital Status : Single <input type="checkbox"/> | Married <input type="checkbox"/> |
| Race : | Nationality : | Religion : | |
| Permanent Address : | | Phone Number : | |
| | | Email : | |

Emergency contacts :

| | |
|---------------------|----------------|
| Full name : | Relationship : |
| Permanent Address : | Phone Number : |
| | Mobile : |
| | Email : |

Academic Details :

| | |
|-----------------------------|--------------------|
| Name of Faculty : | Matric No. : |
| Name of Academic Programme: | Current Semester : |
| Name of Sponsor (if any) : | Type of Sponsor : |

Application Details :

| | |
|----------------------------|------|
| Name of Programme : | |
| Name of Organizer : | |
| Commencement Date : | |
| From : | To : |
| Organizer Contact Person : | |

Application's Declaration

| | |
|---|-------|
| I hereby declare that all the information given are true and correct. | |
| _____ | _____ |
| Signature | Date |

Comment by the Programme Chairperson

| | |
|-------------------------|------|
| _____ _____ _____ | |
| Signature and Stamp | Date |

Verification by the Dean of Faculty

| | |
|------------------------------------|--|
| Support : <input type="checkbox"/> | Not support : <input type="checkbox"/> |
| _____ _____ | |
| Signature and Stamp | Date |

Approval by President

| | |
|-------------------------------------|---|
| Approved : <input type="checkbox"/> | Not Approved : <input type="checkbox"/> |
| _____ _____ | |
| Signature and Stamp | Date |

Contact Person From Maejo University

| | |
|---------------------------------|----------------|
| Full Name : | Position : |
| Department / Office / Faculty : | Phone Number : |
| | Mobile : |
| | Email : |

Action Taken after Approval:

| | |
|---|--------------------------|
| Conditional Approval Letter to Student | <input type="checkbox"/> |
| Letter informing Student of non-approval of Application | <input type="checkbox"/> |
| Forwarding of Student's Approved Application to the Host University | <input type="checkbox"/> |