



# INTERNATIONAL HOUSE APPLICATION FORM

CHAIYAPRUK  
 GREEN PARK HOME

No. C...../25.....  
No. G...../25.....

## OFFICIAL USE ONLY

## Applicants Status

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> Photocopy of passport, ID or student ID card  | <input type="checkbox"/> Exchange              | <input type="checkbox"/> Visiting |
| <input type="checkbox"/> Passport size photograph                      | <input type="checkbox"/> Full-time             |                                   |
| <input type="checkbox"/> Photocopy of Completed Medical Insurance Form | <input type="checkbox"/> Pre-college level ___ |                                   |
|  | <input type="checkbox"/> Faculty               | <input type="checkbox"/> Outsider |

Passport  
size  
photograph

APPROVE     REJECT    Room No. \_\_\_\_\_

### Application Deadline

Trimester1 (September-December) :Deadline is End of June, Trimester2 (January-April) Deadline : End of October , Trimester3 (April-July)Deadline : End of January, Summer Session Deadline : End of May



## 1. APPLICANTS DETAILS

First name: _____ Middle: _____ Family name: _____		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:    /    / YY    MM    DD	Nationality: _____ Age: _____
ID Type: <input type="checkbox"/> Passport <input type="checkbox"/> ID Card	Passport/ID No. _____	
<b>Permanent Address:</b>		
_____		
<i>House number</i>	<i>Street</i>	<i>City</i>
_____		
<i>Country</i>		<i>Zipcode</i>
_____		
(____) _____	Fax: (____) _____	E-mail:  _____


Home Institution/University: _____		
Contact Person: _____		Position: _____
Address: _____		
_____		
_____		Major: _____
_____		
(____) _____	Fax: (____) _____	E-mail: _____
_____		

Name and address of person to be contacted in emergency (*At least 1 should be a family member*)

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

 (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail:  \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

 (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail:  \_\_\_\_\_

## 2. MEDICAL INSURANCE

Do you have current overseas student health cover?  Yes  No

Expiry Date:   YEAR   MONTH   DAY

Do you smoke?  Yes  No

Please list any special medical or dietary conditions or allergies you might have

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## 3. HOBBIES/INTERESTS

What are your hobbies and special interests?

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## 4. ACCOMMODATION

What type of room do you need?  Single room  shared room

How long do you intend to stay?

less than 3 months  3 – 5 months  6 - 9 months  more than 1 year

If a student wishes to stay in our accommodations, he/she must pay a deposit of 2 months and prepaid rental of 3 months in advance. If the Tenant moves out before 3 months, all deposits and advanced payments will not be refundable.

If a student wishes to change his/her accommodations for any reason, he/she is required to provide a written notice one month in advance to the Manager of the International House. If a student changes

accommodations without such a notice, his/her contract will be terminated immediately; all deposits and advanced payments will not be refundable.

If you have special requirements, please detail these in a separate letter. The undersigned also agrees to accept the terms and conditions described in the contract and agrees to comply with all the rules and regulations of Mahidol University International College as printed in its catalog and Student Handbook, or as otherwise prescribed.

I certify that the information on this form is complete and accurate.

Signature of Applicant: \_\_\_\_\_

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

Signature of Officer: \_\_\_\_\_

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