



# APPLICATION FORM

Please write clearly in black. Photocopies of this form are also acceptable.

## INSTRUCTIONS

Please note that only complete applications will be considered. The application must include this personal application form and one recent, passport size photograph.

## COURSE INFORMATION

Course name .....

Course schedule..... Year 2008  2009

Have you attended previous AIT Extension International Training Programs? If yes, please indicate the course title and year.

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## PERSONAL INFORMATION

Family name ..... Mr  Ms  Mrs  Dr

First name..... Middle name .....

Name, as required in the certificate .....

Date of birth (dd/mm/yyyy) ..... Male  Female  Nationality .....

Passport no ..... Place of issue .....

Date of issue (dd/mm/yyyy) ..... Expiry date (dd/mm/yyyy) .....

Address .....

Phone ..... Fax ..... Email .....

Education (last two institutions only). Dates attended and degrees received

| Institution name and location | Major subject / date enrolled | Degree received |
|-------------------------------|-------------------------------|-----------------|
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Please give your reasons for wanting to attend the program

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Elaborate here on any special experience which you think is relevant to your application

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What is your expectation for this program?

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### ENGLISH AND COMPUTER PROFICIENCIES

English Proficiency: Writing    Excellent     Good     Fair     Poor

                         Speaking    Excellent     Good     Fair     Poor

Please describe your computer proficiency: Programming language(s) and / or application(s) that you are familiar with, your role and years of experience in using it (only required for those registering for trainings in IT)

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## CURRENT EMPLOYMENT

Job title or position ..... Division / unit .....

Company / organization .....

Type of organization    Private     Public     Government     International organization   
  NGO     Other, please specify: .....

Address .....

Phone ..... Fax ..... Email .....

Description of duties at work  
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## EMPLOYMENT HISTORY

Employment record (last five years). Dates and positions held.  
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## FINANCIAL SUPPORT

Provided by .....

Sponsoring agency .....

Contact name in sponsoring agency .....

Address .....

Phone ..... Fax ..... Email .....

## CONTACT INFORMATION

Person to contact in case of emergency

Name..... Relation .....

Address .....

.....

Phone ..... Fax ..... Email .....

## OTHERS

Food restriction I am strictly vegetarian  I can not eat beef  I can not eat pork

I can not eat .....

### ADMISSION POLICY

If admitted, I agree to the following conditions:

- No absence from the program without written permission from the Program Director
- Failure to abide by these rules may result in a non-award the certificate

Applicant signature.....

Date (dd/mm/yyyy) .....

Please attach  
one recent  
photograph here

Please complete and return to:

**Admission Officer, AIT Extension**

Asian Institute of Technology  
PO Box 4, Klong Luang  
Pathumthani 12120

THAILAND

Phone : +66 2 524-6333, 5338

Fax : +66 2 524-6332

Email : extension@ait.ac.th

<http://www.extension.ait.ac.th>

## CANCELLATION POLICY

Cancellations by participants should be received at least four weeks prior to the start of the training course. For later cancellations, a cancellation fee equivalent to 15% of the training fee will be charged.

For AIT Extension only: