



มหาวิทยาลัยนานาชาติเอเชีย-แปซิฟิก

ASIA-PACIFIC INTERNATIONAL UNIVERSITY

Formerly known as Mission

Christian Medical Foundation of Seventh-day Adventists

Affix 1" photo here

Please complete ALL sections in BLOCK letters

Note: The postal address is where you are currently residing

APPLICATION FORM (UNDERGRADUATE)

SECTION I Personal Information

Surname First Name Middle Name (s)

Former/Maiden Name (if applicable) Please write your name as it appears on your passport:

Date of Birth DD/MM/YYYY Country of Birth: Citizenship:

Gender: Marital Status: Male: Female: Single: Married, spouse's name:

Passport Number: Date of Issue DD/MM/YYYY Date of Expiry: DD/MM/YYYY

Religious Affiliation

Seventh-day Adventist [ ] Buddhist: [ ] Other: [ ] Other Christian [ ] Muslim: [ ] None: [ ]

Student Contact Details

Table with columns for POSTAL ADDRESS (Street Number, Town, Suburb/Province, Country, Postal/Zip Code, Email Address 1) and TELEPHONE (Country code, Area code, Telephone number HOME, MOBILE, FAX, Email Address 2).

SECTION II Program of Study 2011 -2012

PRE-UNIVERSITY LEVEL Term 1 (June – September) English as a Second Language Term 2 (September – January) Term 3 (January – April)

UNIVERSITY LEVEL

- [ ] Applied Theology [ ] Biology [ ] Religious Education [ ] Psychology and Education [ ] English Language, with an emphasis in ( ) Teaching English as a Second Language (TESOL) ( ) English for Communication ( ) English for Business and Tourism [ ] Business Administration, with an emphasis in ( ) Accounting ( ) Accounting and Finance ( ) Computer Information Systems ( ) Management and Communication ( ) Management and Entrepreneurship ( ) Management and Office Administration ( ) Management and Marketing ( ) Marketing and Communication

Which semester do you plan to attend? [ ] Semester 1 (June – September) Year \_\_\_\_\_ [ ] Semester 2 (October – February) [ ] Inter-semester (March – May)

SECTION III English Proficiency

PLEASE ANSWER THE FOLLOWING:

YES NO Is English your first language? [ ] [ ] Was English the medium of instruction in your previous school? [ ] [ ] If yes, how many years were you enrolled at this school? ..... years Have you taken TOEFL or IELTS? IELTS - Year taken \_\_\_\_\_ Score: \_\_\_\_\_ TOEFL - Year taken \_\_\_\_\_ Computer based score: \_\_\_\_\_ Internet: \_\_\_\_\_

## SECTION IV Academic Qualifications

Please send original or certified copies of your transcripts and a certified copy of your school completion/graduation certificate. If these documents are not in English, please have them translated by certified personnel/centers.

### HIGH/SECONDARY SCHOOL STUDIES

NAME OF INSTITUTION	COUNTRY	DURATION (from Year to Year)	QUALIFICATIONS/AWARDS

### POST-SECONDARY (TERTIARY) STUDIES

NAME OF INSTITUTION	COUNTRY	DURATION (from Year to Year)	QUALIFICATIONS/AWARDS

## SECTION V Family Information

Father's Name: Occupation ..... <input type="checkbox"/> Living <input type="checkbox"/> Deceased MARITAL STATUS (check if applicable): <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced POSTAL ADDRESS Street Number                      Town  Suburb/Province                      Country  Postal/Zip Code                      Email Address:	Mother's Name Occupation ..... <input type="checkbox"/> Living <input type="checkbox"/> Deceased Marital Status (check if applicable): <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced POSTAL ADDRESS <input type="checkbox"/> Check if similar to Father's address Street Number                      Town  Suburb/Province                      Country  Postal/Zip Code                      Email Address:
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### Guardian's Details (if applicable)

Name:	POSTAL ADDRESS Street Number                      Town
TELEPHONE	Suburb/Province                      Country
MOBILE:	FAX:                      Postal/Zip Code                      Email Address:

## SECTION VI Consent for Field Trips and Overnight Stays

Thailand law requires each university student to have parental or legal guardians' permission for field trips.

I/We\* deny/grant\* him/her\* permission to participate in both day and overnight field trips organized by Asia-Pacific International University. It is understood that Asia-Pacific International University will follow all reasonable safety measures in ensuring the welfare of students during such trips. I/We\* therefore agree that I/we\* will not hold Asia-Pacific International University or any of its authorized personnel liable in an event of any accident involving this student during or resulting from a University field trip.

Name in block letter: \_\_\_\_\_

\*Parent's / Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*please circle one. Parents or guardian must sign this consent.**

## SECTION VII Please read and sign

I certify that the information in this form is true to the best of my knowledge. If I am admitted, I will wholeheartedly cooperate in observing the regulations and upholding the standards of the University.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Checklist

To avoid delays, please check whether the following items have been completed or attached:

- |  |  |
|--|--|
| <input type="checkbox"/> Completed and signed Application Form   | <input type="checkbox"/> Completed and signed Financial Information Form             |
| <input type="checkbox"/> 2 completed and signed Recommendation and Evaluation Forms                      | <input type="checkbox"/> Completed and signed Values and Expectations Form           |
| <input type="checkbox"/> 3 recent passport-size photographs  | <input type="checkbox"/> Copy of the personal information page on the passport       |
| <input type="checkbox"/> Certified, and translated – where necessary, transcripts and award certificates | <input type="checkbox"/> English Language Proficiency <u>results</u> , if applicable |