



STUDENT EXCHANGE PROGRAM (INBOUND STUDENT)

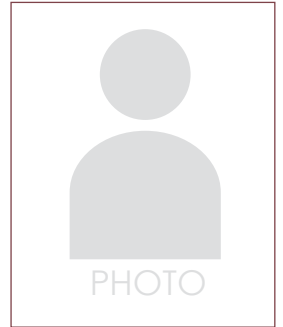
APPLCIATON FORM

1st Trimester (June - October) 20.....

2nd Trimester (November - March) 20.....

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ADMISSION NUMBER



A PERSONAL DETAILS

TITLE	FIRST NAME	SURNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mr./Mrs./Ms.

DATE OF BIRTH	PLACE OF BIRTH
<input type="text"/>	<input type="text"/>

NATIONALITY
<input type="text"/>

RELIGION	MARITAL STATUS
<input type="text"/>	<input type="text"/>

PASSPORT NO.
<input type="text"/>

E-MAIL ADDRESS	TEL. NO.
<input type="text"/>	<input type="text"/>

CORRESPONDENCE ADDRESS
<input type="text"/>

PERSON TO NOTIFY IN CASE OF EMERGENCY:

NAME	RELATIONSHIP
<input type="text"/>	<input type="text"/>

E-MAIL ADDRESS	TEL. NO.
<input type="text"/>	<input type="text"/>

B EDUCATIONAL

University in which you are enrolled

Expected Degree: _____ Major: _____

Cumulative Grade Point Average (CGPA): _____

C LANGUAGE PROFICIENCY

Native Language

Please specify English ability if not native in English, e.g. TOEFL score_____

Other Language Proficiency

D >>> PROPOSED STUDY PLAN

Courses intended to study at Assumption University (list 6 - 8 courses in Priority order)

COURSE ID	COURSE TITLE
1	
2	
3	
4	
5	
6	
7	
8	

How many courses do you wish to take?

E >>> DECLARATION

I authorize Assumption University to use my data to carry out checks on records of my studies. I understand that, upon registration in the Student Exchange Program, the data will become a part of my student record and may be used for all purposes relating to my study in accordance with the procedures of Assumption University. I declare that the information given in support of this application is accurate and complete, and understand that any misrepresentation will result in disqualification of my application for admission and subsequent enrollment in Assumption University. I understand that if admitted I am responsible for applying to the Immigration Department of Thailand (via Assumption University, Office of University Registrar) for a proper visa to stay in Thailand for the entire period of study at Assumption University. I give my consent for Assumption University to release my official transcript to my home institution.

Signature _____ Date _____

F >>> ENDORSEMENT FROM HOME UNIVERSITY / COLLEGE

(Please attach an official transcript of the Application in support of this application. The completed application form together with the transcript should not be sent by the Applicant directly, but via the Applicant's home institution to Assumption University)

Name _____ Title _____

Signature _____ Date _____

G >>>

ASSUMPTION UNIVERSITY'S OFFICE USE

The Applicant is / is not admitted to study at Assumption University for the 1st / 2nd Semester 200 ____ .

Host Department / Program of the Applicant

Director of International Affairs

Signature

Date

Student's Letter of Consent
For the Collection, Use and Disclosure of Personal Data

Date.....

I, (name)..... a student applicant and/or an admitted Student ID....., School of....., Assumption University, hereby acknowledge and agree to provide my consent for the Assumption University as Data Controller to collect, use and disclose my Personal Data under these following conditions:

1. Collection and use of Personal Data

My Personal Data provided during the application process as well as my information collected by the University during my terms as the University's student including, but not limited to, Personal Data, contact information, education records, information regarding activities, ethnicity, religion, and health, as well as photographs or motion pictures recorded by electronic devices or any other method that renders possible identification. The information exists and is accurate, and shall be used under the conditions set forth in the Personal Data Protection Act B.E. 2562 as announced in the University's purpose for the collection, use and disclosure of Personal Data which shall be used for the benefit of the University's affairs, including, but not limited to, educational administrations, educational services, researches, academic services, educational activities, statistics, or for the benefit of providing services by any other electronic means under the University's mission as well as for various operations related to the compliance with rules and regulations of the university. This consent shall survive the termination of my status as the University's student under any circumstance. The recording, storage, and use of information shall be in accordance with the "Personal Data Protection Policy of Assumption University"

2. Disclosure and Transfer of Personal Data

I hereby provide my consent to the university to disclose or forward the Personal Data to internal and/or external organisations, both domestically and internationally, in order to verify the Personal Data in compliance with the law or any contractual undertaking made with said agency.

3. Data Subject Rights

I hereby acknowledge that I shall have the following Data Subject Rights according to the law;

3.1) The right to request to correct or change my Personal Data to be accurate, completed, and updated in order to avoid misunderstanding under the rules and regulations of the University.

3.2) The right to access to, or to request certify copies of my Personal Data that are under the responsibility of the University or to request clarification regarding the acquisition of unconsented Personal Data.

3.3) The right to obtain my Personal Data from the University, including the right to request the University to forward or transfer the Personal Data to other Data Controllers or to obtain my Personal Data that the University had forwarded or transferred to another Data Controller.

3.4) The right to withdraw the consent at any time that the Personal Data remain under the University's supervision, unless there is a legal restriction on the exercise of said rights. Provided, however, the withdrawal of such consent shall not affect the use, or the disclosure of the Personal Data before the consent is withdrawn.

3.5) The right to file complaints in the event that the Data Controller, the Data Processor, or any employee or contractor of the University violated or failed to comply with the Personal Data Protection Law.

Signature.....

(.....)

Consent Provider