



**BBA International Program  
Faculty of Commerce and Accountancy  
Chulalongkorn University**  
**Application for Exchange Program  
Non-degree Admission**

Please  
attach  
Photos  
here

**A complete application must include the following:**

*(Please tick)*

- A completed application form
- An official up-to-date transcript from home institution
- Current resume
- TOEFL/IELTS score taken within two years (for non-native English speaking applicants)
- Two passport-sized photos. Staple both to the application.
- A reference from an academic member of staff at home institution

**Please complete every section (as detailed as possible).**

**1. Semester(s) applying for:**

Fall Year \_\_\_\_\_  Spring Year \_\_\_\_\_

**2. Personal Information**

Title (Mr, Ms etc.)	First Name	Middle Name	Last Name
Date of Birth	____ / ____ / ____ Day                      Month                      Year	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality	Country of Citizenship	Passport No.	
Current Address	Street address		
	City	State/Province	Zip/Postal Code                      Country
Telephone number (Home)	Area Code	Number	
Telephone number (Business)	Area Code	Number	
Email address	_____		
Home Address <i>(If different from current address)</i>	Street address		
	City	State/Province	Zip/Postal Code                      Country



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**3. Educational information**

Undergraduate Level:

Home Institution \_\_\_\_\_ Country \_\_\_\_\_

Major \_\_\_\_\_ School / Faculty \_\_\_\_\_

Advisor \_\_\_\_\_

High School Level:

Institution \_\_\_\_\_ Country \_\_\_\_\_

Date of Graduation \_\_\_\_\_

**4. English Proficiency**

Native English speaking (please go to Section 5)

Non-native English speaking

(a) Have you taken the TOEFL or equivalent in the last two years?

Yes (TOEFL/ IELTS/ Other \_\_\_\_\_) score: \_\_\_\_\_ date: \_\_\_\_\_

No

(b) Do you intend take the TOEFL or equivalent in the immediate future?

Yes (TOEFL/ IELTS/ Other \_\_\_\_\_) date: \_\_\_\_\_

No

(c) Indicate your English proficiency. (Please tick)

<b>Reading</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<b>Writing</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<b>Speaking</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<b>Listening</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor



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**5. Class Schedule Preference**

**IMPORTANT:**

Please choose at least eight courses you would like to take each semester. These should include alternate courses that will accommodate the requirement in the event the preferred course is unavailable. Please also note that if you have not met the necessary prerequisites in your home institution for the desired course, you will not be able to take the course at Chulalongkorn. The tentative list of courses to be offered is accessible on our website: <http://bba.acc.chula.ac.th> under the heading Exchange Program.

**Semester**     Fall Year \_\_\_\_\_     Spring Year \_\_\_\_\_

No	Course Code	Course Name
1		
2		
3		
4		
5		
6		
7		
8		

**Semester**     Fall Year \_\_\_\_\_     Spring Year \_\_\_\_\_

No	Course Code	Course Name
1		
2		
3		
4		
5		
6		
7		
8		



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**6. Health Insurance**

*Chulalongkorn University has a hospital facility; however, students are recommended to have a comprehensive health insurance policy to cover medical services in case of serious illness requiring hospitalization.*

Name of the medical insurance agency \_\_\_\_\_

Number of membership \_\_\_\_\_

Address & Phone Number of the agency \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. Sources of Finance**

Self-funding \_\_\_\_\_

Sponsor \_\_\_\_\_

Others \_\_\_\_\_

**8. Visa**

*Please provide the address of a Thai Embassy or Consulate of residence that you wish to issue your visa.*






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**10. Accommodation**

**Please note:** Due to a limited number of rooms, we are unable to assure every student who wishes to live on-campus that there will be housing available. Students who have been accepted for the Exchange Program will be provided with information and assisted in finding alternate off-campus accommodation, which is situated close to Chulalongkorn University.

**11. Student's Signature**

**I hereby apply for admission to study at Chulalongkorn University, and I confirm that the information provided above is correct to the best of my knowledge.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**12. Home Institution Approval**

**I certify that the above student has been approved for participation in the exchange program for the following periods:**

From (Semester, year) \_\_\_\_\_

To (Semester, year) \_\_\_\_\_

**Signature of Advisor**

**Signature of Exchange Coordinator**

\_\_\_\_\_

\_\_\_\_\_

(\_\_\_\_\_)

(\_\_\_\_\_)

Date \_\_\_\_\_

Date \_\_\_\_\_