Photo



**Application Form for Student Exchange Program**

**for 4th-Year-Students School of Pharmacy, Walailak University**

Academic year 2019

**❖ Personal Information**:

First name: (Mr./Miss) Surname:

Student ID: □ Pharmaceutical Care □ Pharmaceutical Sciences

GPA (Up to last trimester) … …Date of Birth: Age………..Years

Passport No.(if available)……………………………………………………..………………………..

Mailing address:

Telephone number: Email address:

Do you have any underlying diseases/ medication/ drug/food allergy?

🞏 No

🞏 Yes, please state

**Urgent contact**

Name – Surname:

Relationship:

Mailing address:

Telephone number:

Email address:

**❖ Objectives**: Please fill in this information (**1**- **4**) and then write a short essay based on your answers describing the following items (no more than 500 words) in English (**5**).

1) Please select the University for

🞏 ***Taylor’s University (TU), Malaysia***

🞏 ***University of the Philippines Manila (UPM)***

2) Study period: **TU:**  **April 8-19, 2019 (2 weeks)**

 **UPM: April 1-14, 2019 (2 weeks)**

**❖ Essay**:

Introduce yourself, state your objectives/expectation/benefit from the exchange program, financial support

Please attach:

1. หนังสืออนุญาตจากผู้ปกครอง

2. CV

3. เอกสารอื่นๆ (ถ้ามี เช่น ผลการสอบ TOEFL, TOEIC, IELTS, etc)

Note:

 Please submit this application form and other documents within

  **Feb.18, 2019, 4:30 PM**