Photo



**Application Form for Student Exchange Program**

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

**to Taylor’s University, Malaysia**

Academic year 2020

**❖ 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: E-mail 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 and then write a short essay based on your answers describing the following items (no more than 500 words) in English

1) Please select the University for your study visit

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

2) Study period**:** **April 13-24, 2020 (2 weeks)**

**❖ Essay**:

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

Please attach:

1. หนังสืออนุญาตจากผู้ปกครอง

2. CV/Resume

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

Note:

 Please submit this application form and other documents within

  **Jan. 31, 2020, 4:30 PM**