

International Relations Office Faculty of Fine Arts Chiang Mai University 239 Huay Kaew Road Chiang Mai 50200 Thailand Tel/Fax: +66 53 211724 e-mail: info@finearts.cmu.ac.th

## **Exchange Student Application Form**

Check list		
Completed Applicatior (Form Provided)		
Motivation ans Study Plan (Form Provided)		
Current Study (project) (Form Provided)		
Letter of Recommendation		
Portfolio		
Official Transcript		
Certification of Student Status		
Copy of Passport		
Curriculum Vitae (C.V.)		
Language Certificate		
Student's photos (3)		
Personal Information		
Mr. /Mrs./Miss Gender: Male /Fe	emale	
Name:		
Family name:		Photograph
Date of birth:	Age:	
(DD / MMM / YYYY)		
Student Id:		
Major of Study	Year	
Exchange Program Destination	n	
HOST University:		
Country:		_
Duration of stay at Host University		
Field(s) of Study you hope to attend at Hos	t University	



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Contact Details		
Permanent Home Address:		
Semester Address:		
Telephone No	Email Address	
Health Information		
Do you have any health problems	/ physical problems or take any medicine?	
Applicant signature:	Date:	_