



# AIT REGISTRATION FORM

Please affix your photo  
(do not staple)

Please tick one box only

- Doctor       CAS leading to Doctor       Professional Master       Research Fellow
- Master       Certificate leading to Master       Master (Dual Degree)
- Diploma       Special       Master leading to Doctoral
- Certificate       Special (Exchange Program)       Bridging Program

AIT Room No. (only if applicable) \_\_\_\_\_

Mr. \_\_\_\_\_  
Name: Mrs. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Miss \_\_\_\_\_  
Thai Name \_\_\_\_\_  Single     Married    No. of Children \_\_\_\_\_

(for Thai national only)

School \_\_\_\_\_ Department: \_\_\_\_\_ Academic Program: \_\_\_\_\_

Application No. \_\_\_\_\_ Student ID No. \_\_\_\_\_ Date admitted at AIT \_\_\_\_\_

Citizenship \_\_\_\_\_ Passport No. \_\_\_\_\_ Date of arrival in Thailand \_\_\_\_\_

Permanent Home Address \_\_\_\_\_

Previous Degree \_\_\_\_\_ From \_\_\_\_\_ Year of Award \_\_\_\_\_

(University/College/Institute attended)

ACADEMIC RECORD	PROGRAM LEVELS		
	Bachelor	Master	Others
Major Field(s)			
Duration (from Month/Yr to Month/Yr)			
CGPA/CGPF or Weighted Grade Average			
Class Rank/Size			
Scholastic Honor or Prize (as applicable)			

Employment immediately before enrolling at AIT \_\_\_\_\_

Name of person to be notified in case of emergency \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ E-mail \_\_\_\_\_ Fax. No. \_\_\_\_\_

### Financial Support :

- AIT Administered Scholarship     Full Scholarship     AIT Fellowship     RTG Fellowship     Others
  - External Support     Donor Scholarship     Employer     Self-Support    \_\_\_\_\_
- Please specify*    \_\_\_\_\_    \_\_\_\_\_

**TO THE BEST OF MY KNOWLEDGE, THE INFORMATION WRITTEN ON THIS FORM IS A TRUE AND ACCURATE ACCOUNT.**

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*Student Signature*

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*Date*