# **Siitlogo colorSirindhorn International Institute of Technology (SIIT)**

### Thammasat University, Thailand

###### Application Form for Short Term Internship Program

**Academic Year 2023**

**List of required documents (All documents must be combined into one PDF file.)**

Completed application form

Resume

Motivation Letter

Transcript (If you are a Master student, please also submit the transcript of your Bachelor’s degree.)

Two strong recommendation letters (at least one recommendation letter must be from academic instructor/advisor)

A copy of passport

**Please TYPE in English and read all remarks carefully.**

1. **Personal Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | Mr. Ms. | | Click here to enter text. | Click here to enter text. | | | Click here to enter text. |
| (First name) | (Middle name) | | | (Last name) |
| Date of birth: | | Click here to enter text. | | Age: | | Click here to enter text. years | |
| Religion: | | Click here to enter text. | | Nationality: | | Click here to enter text. | |
| Citizenship: | | Click here to enter text. | | Native language: | | Click here to enter text. | |
| Passport Number: | | Click here to enter text. | | Date of expiration: | | Click to enter a date. | |
| Blood Type: | | Click here to enter text. | | E-mail address: | | Click here to enter text. | |
|  | | | | | | | |
| Address: | | Click here to enter text. | | | | | |
| City: | | Click here to enter text. | | Country: | Click here to enter text. | | |
| Postal code: | | Click here to enter text. | | Telephone: | Click here to enter text. | | |
| Mobile: | | Click here to enter text. | | | | | |
| **Mailing Address (if different from above):** | | | | | | | |
| Address: | | Click here to enter text. | | | | | |
| City: | | Click here to enter text. | | Country: | Click here to enter text. | | |
| Postal code: | | Click here to enter text. | | Telephone: | Click here to enter text. | | |
| Mobile: | | Click here to enter text. | | | | | |

1. **Current Study Enrollment**

|  |  |  |  |
| --- | --- | --- | --- |
| University/ Institute | Click here to enter text. | | |
| City: | Click here to enter text. | Country: | Click here to enter text. |
| Major in: | Click here to enter text. | | |
| Currently study in: | Choose an item. | | |
| Cumulative GPA: | Click here to enter text. | | |

**3. Expected supervisor at SIIT**

Please rank names of SIIT professors who you would like to work with in the table below. Professor’ names and research areas can be found on siit.tu.ac.th.

|  |  |  |
| --- | --- | --- |
| **No.** | **Name of SIIT Professor** | **Interested Research Area** |
| **1** | Click here to enter text. | Click here to enter text. |
| **2** | Click here to enter text. | Click here to enter text. |
| **3** | Click here to enter text. | Click here to enter text. |

**4. Duration of internship:**  1 month 2 month**s**  …. month**s**

**5. Period of the internship:** dd/mm/2023 – dd/mm/2023

\*\* The internship period must begin on the first – the fifth of the month and end at the end of the month. For example, from February 1, 2024 - March 31, 2024. The last day of the internship must not be later than July 31, 2024.

**Please read and tick the boxes below, as well as, sign with your hand.**

I certify that all of the given statements above are true.

I hereby acknowledged that my internship period would not be able to change after SIIT accepts my application.

Applicant’s signature:

Date: Click to enter a date.