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

###  Thammasat University, Thailand

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

**Academic Year 2024**

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

[ ] Completed application form

[ ] Resume

[ ] Motivation Letter

[ ] Transcript

[ ] Two strong recommendation letters

[ ] 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 to enter a date. | 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. |
| E-mail address: | Click here to enter text. |
| **Address:**  |
| 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:** [ ]  4 weeks [ ]  8 weeks [ ]  …. weeks

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

*\*\* 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, 2025 - March 31, 2025. The last day of the internship must not be later than July 31, 2025.*

**6. Please read and tick the boxes below**

☐ I hereby certify that the information provided above is true and accurate to the best of my knowledge. I understand that withholding or providing false information may affect my participation in the exchange program. I consent to the release of this medical information to the exchange program coordinators and necessary medical personnel in case of an emergency.

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

Applicant’s signature: (Handwritten or electronic signature is acceptable)

Date: Click to enter a date.