APPLICATION FORM

		on program which you would like to application School of Nursing, University of Miyazaki, Japan					
			ina				
	[]	School of Nursing, Kunming Medical University, Ch	ıına				
	[]	Visiting Study aboard					
1.	Name	and Family Name (Thai)					
	(Englis	sh) Mr./Mrs./Miss					
2.	Nationality						
3.	Birth of Date:						
4.	Conve	enient contact address:					
5.		nt academic position:					
••••							
		umic qualification					
0.		emic qualification:					
_				•••••			
7.	Know	ledge of foreign languages: writing and speaking					
			Good	Fairly Good	Fair		
	Engli	sh					
	Japa	n					
	China						
		er (Please specify)					

8. Proposed duration of stay:

	Date	Month	Year
Date of arrival to			
Date of departure form			

9.	Previous scholarships for study/training/visit/research abroad:							
	9.1	Country	Field of study					
		Qualification received						
		Name of scholarship						
		Form (D/MY)	To (D/MY)					
10.	Brief	f description of applicant's prese	ent position and responsibility:					
11. Expected position and responsibility after return from Oversea:								
12.	Appl	olicant's signature						