



**APPLICATION FORM FOR GRADUATE ADMISSION**  
**INTERNATIONAL PROGRAM**  
**FACULTY OF NURSING, BURAPHA UNIVERSITY**

No.

**1. IDENTIFICATION OF APPLICANT**

Typewritten or block

<b>First name</b> (Mr./Ms./Mrs.) _____	<b>Middle initial</b> _____	<b>Last/ Surname/Family name</b> _____	Applicant's Photo
<b>Date of birth</b> Day _____ Month _____ Year _____	<b>Nationality</b> _____	<b>Religion</b> _____	
<b>Gender:</b> <input type="radio"/> Male <input type="radio"/> Female <b>Marital status :</b> <input type="radio"/> Single <input type="radio"/> Married			

**2. MAILING ADDRESSES**

<b>Current mailing address:</b> Number _____ Street _____ City _____ State /Province _____ Country _____ Postal code _____ Telephone number _____ Fax number _____ E-mail address _____
<b>Person to be contacted in case of emergency: name, telephone and address.</b>   

**3. APPLICATION DATA**

<b>Degree sought:</b> <input type="radio"/> Doctoral Degree
<b>Semester applying for:</b> <input type="radio"/> First semester (August)
<b>Academic Year:</b> _____

**4. STATEMENT OF PURPOSE** (If additional space is required, please attach a separate sheet.)

Please describe briefly your reasons and your goals in applying for your field of study.  _____ _____ _____ _____ _____
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**5. UNIVERSITY/ COLLEGE EDUCATION RECORD** (Begin with most recent institution attended)

Name of institution, city and country	Major fields of study	Years of study From _____ To _____	Degrees abbreviation	GPA

List any relevant awards, publications, scholarships, honors held:   
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**6. EMPLOYMENT RECORD**

Current occupation \_\_\_\_\_ Position \_\_\_\_\_

List chronological record of work experience include part-time experience (Begin with most recent institution attended)

Position	Name and location of company	Years of employment From _____ To _____

**7. PROVE OF FINANCIAL SUPPORT**

Please specify organization and attach document signed by your sponsor

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**8. ALL ITEMS DESCRIBED BELOW ARE REQUIRED BEFORE A DECISION CAN BE MADE.** (Please check)

- 1. Application Form
- 2. Three 1 inch recent photographs.
- 3. Degree certificate & Transcripts: Submit original or certified copies of degree certificate obtained and transcript from each college or university attended.
- 4. Letters of recommendation: Minimum of 2 former instructors or employers to submit Letter of Recommendation regarding your abilities and potential of graduate study (Form-R in application form)
- 5. English Proficiency: If your official native language is not English, the applicant must submit TOEFL or IELTS test or other standard tests scores. Test must be taken within the past 2 years previous to application.
- 6. Written statement of goals, reason for interest in the Doctor of Philosophy Program in Nursing Science (International Program) at Burapha University (1-2 pages), and research interest (1-2 pages)
- 7. A professional license or equivalent in Nursing and Midwifery
- 8. Prove of Financial support

**9. ALL APPLICANTS MUST READ AND SIGN THE FOLLOWING STATEMENT:**

I certify that my statements given in this application together with all supporting documents are correct and

Signature of applicant \_\_\_\_\_  Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**10. RELEASE OF INFORMATION**

All information provided on this application is subject to public disclosure unless otherwise authorized by the applicant.

Please check the appropriate box  Yes  No

**FOR OFFICER USE ONLY**

Signature \_\_\_\_\_ Application documents checked Signature \_\_\_\_\_ Receiver  
 Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



# LETTER OF RECOMMENDATION

We would appreciate a statement from you concerning the applicant's personality, abilities and potential for graduate study in the proposed program. If additional space is required, please attach a separate sheet. Please put the completed form in a sealed envelope with your signature written over it and have the applicant return with his/her application documents.

Name of applicant \_\_\_\_\_

Degree sought  Master  Doctoral

## Referee

Name of referee: \_\_\_\_\_

Title and position: \_\_\_\_\_

Working address: \_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax no. \_\_\_\_\_

E-mail address: \_\_\_\_\_

Relationship to the applicant: \_\_\_\_\_

How long have you known the applicant? : \_\_\_\_\_

Please provide your comments concerning the applicant to facilitate the committee's decision.

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Please indicate your overall recommendation for the applicant

Excellent  Good  Average  Below average

Referee's Signature \_\_\_\_\_  Date. \_\_\_\_/\_\_\_\_/\_\_\_\_

## **Contact Information**

Please send application to:

Office of Graduate Studies, Faculty of Nursing  
Burapha University  
169 Long-Hard Bangsean Road, Seansuk  
Muang, Chon Buri  
20131  
Thailand

Contact Person:

Associate Professor Dr. Wannee Deoisres  
Associate Dean for Graduate Studies  
E-mail: [wannee@buu.ac.th](mailto:wannee@buu.ac.th)  
Tel: +66 38 102 828  
+66 38 102 836