



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

No.

1. IDENTIFICATION OF APPLICANT

Typewritten or block

First name (Mr./Ms./Mrs.) _____	Middle initial _____	Last/ Surname/Family name _____	Applicant's Photo (1 inch Photo)
Date of birth Day _____ Month _____ Year _____	Nationality _____	Religion _____	
Gender: <input type="radio"/> Male <input type="radio"/> Female Marital status : <input type="radio"/> Single <input type="radio"/> Married			

2. MAILING ADDRESSES

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

3. APPLICATION DATA

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

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. _____ _____ _____ _____ _____

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. PROOF OF FINANCIAL SUPPORT

Please specify organization and attach document signed by your sponsor

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. A professional license or equivalent in Nursing and Midwifery or nursing working documents (for candidates from countries where there is no professional licensing system and have nursing experience of at least one year before the date of application)
- 6. English Proficiency: the applicant must submit English Proficiency with a minimum 500 on TOEFL (paper-based score) or IELTS score of at least 5.5 or equivalent in other standard tests as approved by Burapha University in case that the candidate's native language is not English. Test must be taken within 2 years.
- 7. Written statement of goals, reason of interest in the Doctor of Philosophy Program in Nursing Science (International Program) at Burapha University (1-2 pages), and research project proposal (2 pages)
- 8. Proof 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's Degree 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.

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
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