

# MASTER OF ARTS IN

## Socio-Cultural and Political Transformation

351 Moo, Phop Phra, Phop Phra District, Tak 63160

### APPLICATION FOR ADMISSION

Paste  
your  
Photo  
here

#### PERSONAL DETAILS

Legal Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Nationality: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Religious Identity: \_\_\_\_\_ Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

#### FAMILY INFORMATION

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

**Who should we contact in case of an emergency?**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: (If different from above) \_\_\_\_\_

Mobile Number: \_\_\_\_\_

**PREVIOUS EDUCATION**

Secondary Education

Name of School	City/Country	Year Attended (from to)	Diploma

Postsecondary Education

Name of University/ College/Institution	City/Country	Year Attended	Diploma

\*Please submit with this application an official and complete transcript and certificate from the institutions that you attended.

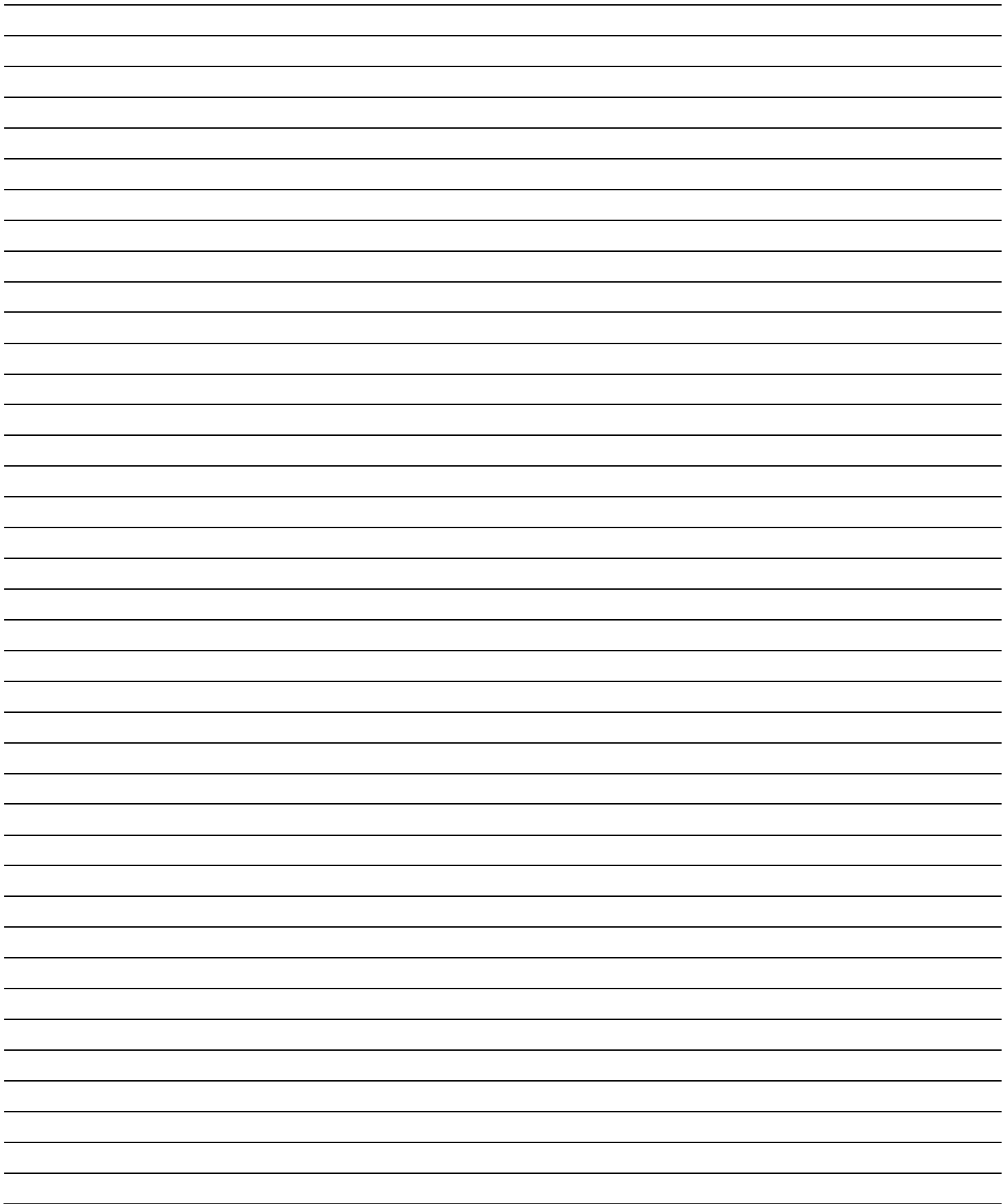
**ACTIVITY DESCRIPTION**

Tell us more about one of your extracurricular, volunteer, or employment activities.

Employment or Ministry Information

Business/Ministry	Title/Position	Type of Work or Ministry	Years Served





## FUNDING DETAILS

Please indicate how you intend to finance your studies.

Parents \_\_\_\_\_ Self-Funded \_\_\_\_\_ Scholarship \_\_\_\_\_ Company \_\_\_\_\_ Organization \_\_\_\_\_

Other (*Please specify*): \_\_\_\_\_

## DISCIPLINE INFORMATION

Have you ever been placed on probation suspended, removed, dismissed or expelled from any school, college or academic program?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of any misdemeanor, felony, or other crime?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to either question, please provide an explanation and the approximate dates of each incident. Please attach your response to the end of the application.

## AUTHORIZATION

Your signature below

Confirms all information in this application is factually true and honestly presented and that you are the person submitting this application.

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

For more information please contact

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