**VISITING PROFESSORS / SCHOLARS**

**APPLICATION FORM**

**PERSONAL INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Family Name** |  |  **Given Name** |  |  **Middle Name** |  |
| **Gender**  |  |  **Marital Status** |  |
| **Nationality** |  | **Citizenship** |  |
| **Date of Birth**  |  | **Place of Birth** |  |
|  | mm/dd/yy |  |  City | Country |
| **Contact Address** |  |
|  |
| **Phone** |  | **Cell Phone** |  |
| **E-mail Address** |  |
| **Current Academic Institution** |  |
| **Academic Title** |  |
| **Managerial Position** (if any) |  |
| **Proposed Fields of Research / Research Topic**  |
|  |
|  |
|  |
| **Proposed Taught Course** (please specify “undergraduate and/or graduate”) |
|  |
|  |
| **Proposed Duration of Visit** (months) |  |  **Starting From** |  |
|  |  |  | mm/yy |
| **Financial Support:** | ❒ Self-funding  | ❒ Other Sources (please specify)  |  |
| **Hosting Faculty Member at Thammasat Business School** (if any) |  |

 **STATEMENT OF PURPOSE ON TEACHING AND/OR RESEARCH (No more than 400 words)**

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| --- | --- | --- | --- | --- | --- | --- |
| I hereby certify that the information given above is true and understand that submission of false information is grounded for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |

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**Please submit the completed application form via e-mail to cia@tbs.tu.ac.th**