

# APPLICATION FORM

Attach Photo  
(2.5 cm.x3 cm.)

**Doctoral Program in Business  
Faculty of Commerce and Accountancy  
Thammasat University**

**NOTE:** Please fill in the form or mark X where appropriate. Make sure that the  
Information given is correct and legible.

## PERSONAL INFORMATION

- Name & Surname in English:  
Mr/Mrs/Miss \_\_\_\_\_
- Name & Surname in Thai:  
นาย/นาง/นางสาว \_\_\_\_\_
- Marital Status                      Single                      Married
- Date of Birth  
\_\_\_\_\_
  
- Nationality                       Thai  
    Other \_\_\_\_\_ (Please specify)
- Religion                               Buddhist  
    Other \_\_\_\_\_ (Please specify)
- Citizen Identification  
Number \_\_\_\_\_
- Passport Number (for foreign student) \_\_\_\_\_
- Address for correspondence \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- Tel \_\_\_\_\_ Fax \_\_\_\_\_
- E-mail \_\_\_\_\_ Mobile Phone \_\_\_\_\_

## EDUCATIONAL BACKGROUND

- Please provide information about your formal education beginning with the most recent institution attended:

<b>Name of Institution Attended</b>	<b>Country</b>	<b>From Year... To Year...</b>	<b>Degree Awarded</b>	<b>Major Subject Studied</b>	<b>GPA Obtained</b>

## WORKING EXPERIENCE

- Please provide information about your working experience and/or previous employment(s) beginning with the most recent one:

<b>Employer</b>	<b>From Year... To Year...</b>	<b>Position</b>	<b>Responsibility</b>

**RESEARCH PROPOSAL (3-5 pages)**

- Research Problem
- Rationale
- Objectives
- Research Methodology

**Please attach as additional pages**

**NAMES AND ADDRESSES OF RECOMMENDERS**

- Please provide information about the individuals who will provide the letters of recommendation for you (two individuals):

Name	Position	Company	Tel.

I hereby certify that the information given herewith is true. Any false information given may disqualify me from participating in the Doctoral Program in Business.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date** \_\_\_\_\_

**Doctoral Program in Business**

**Faculty of Commerce and Accountancy**

**Thammasat University**

**LETTER OF RECOMMENDATION**

*To the Applicant:*

Please type or print your name (in English)

_____	_____	_____
Last	First	Middle

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

\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*To the Recommender:*

The person whose name appears above is applying for admission to the Doctoral Program in Business, Faculty of commerce and Accountancy, Thammasat University and has requested that your recommendation be included in the evaluation and selection process. Your assistance by providing response to these questions will be very helpful. Please seal your evaluation in the envelope sign across the seal, and return it to the applicant for enclosure with the application form. If you prefer to mail the evaluation directly to the admission committee, you may do so using the address given below;

Admission Committee, Doctoral Program in Business  
Anake Prasong II Building, 3th Floor. Faculty of Commerce and Accountancy Thammasat University  
2 Prachan Rd., Pranakorn, Bangkok 10200 THAILAND.  
Telephone (662) 613-2194,  
Fax (662) 2248-107

1. How long have you known the applicant and in what relationship?

\_\_\_\_\_  
\_\_\_\_\_

2. Relevant to doctoral level research.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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3. Considering the commitment to complete a PHD.

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4. In comparison with other doctoral students that you have know, please rate the applicant on the scale below

	Below Average	Average	Above Average	Excellent	Truly Exceptional	Inadequate Opportunity To Observe
motivation	_____	_____	_____	_____	_____	_____
Intellectual Level	_____	_____	_____	_____	_____	_____
Analytical Ability	_____	_____	_____	_____	_____	_____
Originality	_____	_____	_____	_____	_____	_____
Oral Skills (in English)	_____	_____	_____	_____	_____	_____
Written Skills (in English)	_____	_____	_____	_____	_____	_____
Self-Confidence	_____	_____	_____	_____	_____	_____
Presentational Skills	_____	_____	_____	_____	_____	_____
Independence	_____	_____	_____	_____	_____	_____
Research Potential	_____	_____	_____	_____	_____	_____
Professional Ethics	_____	_____	_____	_____	_____	_____
Completing deadlines	_____	_____	_____	_____	_____	_____

5. Please check one of the following boxes to indicate the degree of your overall evaluation of the applicant.

- outstanding candidate
- strongly recommend
- recommend
- recommend with reservations
- do not recommend

6. Please describe your judgement of this applicant capacity for research and promise for a career in productive scholarship and effective teaching.

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Recommender's name (printed or typed) \_\_\_\_\_

Position/Title \_\_\_\_\_

School/Firm \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for your valued assistance.*