METHARATH UNIVERSITY
APPLICATION FORM

Application No. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

PROGRAMS OF STUDY:

Please check if you have attached a complete set of application documents before submission of your application to Metharath University.
The application process will be completed upon the receipt of all required application documents.
*This is a new developing program, please consult the admissions consultant for details.

Bachelor Programs(English Program)
- ◯ B.B.A. Marketing
- ◯ B.B.A. International Trade
- ◯ B.B.A. Human Resources Management
- ◯ B.A. Digital Art
- ◯ B.B.A. Management
- ◯ B.B.A. Accounting and Finance
- ◯ B.B.A. Logistics and Supply Chain Management
- ◯ B.N.S. Nursing Science
- ◯ B.E.D. Pre-Education*
- ◯ B.B.A. E-Commerce*
- ◯ B.A. Music and Performance*

Bachelor Programs(Thai Program)
- ◯ B.N.S. Nursing Science
- ◯ B.A. Accounting
- ◯ B.A. Business Chinese *

Master Programs(English Program)
- ◯ M.Ed. Music
- ◯ M.Ed. Education
- ◯ M.A. Arts Performance Communication
- ◯ M.Ed. Fine Arts
- ◯ M.B.A. Management
- ◯ MBA. Accounting*
- ◯ M.A. Economics*
- ◯ M.A. Psychology*

Master Programs(Thai Program)
- ◯ M.P.A. Public Administration

Doctoral Programs(English Programs)
- ◯ Ph.D. Education
- ◯ Ph.D. Management
- ◯ Ph.D. Semiotics and Cultural Studies
- ◯ Ph.D. Arts Performance Communication

Doctoral Programs(Thai Program)
- ◯ Ph.D. Public Administration

SEMESTER APPLIED FOR: ◯ Semester 1　◯ Semester 2　Academic Year [＿＿＿＿＿＿＿]

PERSONAL INFORMATION

Title: ◯ Mr.　◯ Miss　◯ Mrs.　◯ Other (please specify) ....

Gender: ◯ Male　◯ Female

First Name: ....Middle Name: ....

Last Name: ....

Place of Birth: ....

Native Language: ....

Citizen ID Number/ Passport Number:...

Date of Issue: ....Date of Expiry: ....

Date of Birth: [＿＿＿＿＿＿]

Nationality: [＿＿＿＿＿＿]

Race: [＿＿＿＿＿＿]

Religion: [＿＿＿＿＿＿]

Blood Type: [＿＿＿＿＿＿]

CONTACT INFORMATION:

Address:...

Province/City:...Postal Code:...Country:...

Tel:...Mobile:...E-mail...

Disabilities & Allergies

Disabilities ?　◯ No.　◯ Yes.(please specify)...

Allergies - Food ?　◯ No.　◯ Yes.(please specify)...

Allergies - Drugs ?　◯ No.　◯ Yes.(please specify)...

Special Skill :

International Language (please specify) ....Computer (please specify) ....

Recreation (please specify)...Art (please specify) ....

Sport (please specify) ....Dancing Art/Music/Singing (please specify) ....

Other (please specify)...

ACADEMIC BACKGROUND:

Please fill in the previous highest academic institution and certificate, diploma or degree awarded. Also include original or certified copies of your transcript with the application.

Institution: ....Language of Instruction:...

Address: ....

Admission Date (Month/Year): ....Graduation Date (Month/Year): ....

Certificate/Degree/Diploma Awarded: ....GPA: ....

FAMILY INFORMATION: (please specify)

Father		Mother		Guardian ⭕ Relative ⭕ Adoptive parent ⭕ Student	
Citizen ID Number		Citizen ID Number		Citizen ID Number	
Status	⭕ Alive ⭕ Dead	Status	⭕ Alive ⭕ Dead	Relationship	
Occupation		Occupation		Occupation	
Income (baht/month)		Income (baht/month)		Income (baht/month)	
Parents Status	⭕ Cohabit ⭕ Separated ⭕ Divorced ⭕ Father remarried ⭕ Mother remarried ⭕ Parents remarried				

LAGUAGE PROFICIENCY TEST:

Please specify the scores & date of any test taken and enclosed a copy of official test score with this application:

⭕ TOEFL.. Date Taken:..   ⭕ IELTS... Date Taken:..

⭕ TOEIC.. Date Taken:..   ⭕ CU-TEP... Date Taken:..

⭕ Others (Specify).. Date Taken:..   ⭕ Have not taken any test.

How do you hear about us ?

⭕ MRU website/ MRU social medias   ⭕ Other website/ Other social medias

⭕ Search Google   ⭕ Agent

⭕ Friend   ⭕ Other

CERTIFICATION OF TRUE STATEMENT:
I do certify that I have read all the instructions and that the information I have provided on this application form and on any additional material related to the admission process is true and complete. Subsequently, I understand that misrepresentation may cause canceling of my admission. All credentials and documents I submit will eventually become the property of Metharath University.

I acknowledge, agree, and consent to Metharath University with collecting, using, processing, and disclosing my personal data (appearing in this document) for the purpose of applying for study.

APPLICANT SIGNATURE:..DATE:...

PLEASE SEND APPLICATION MATERIALS TO:

Admissions Division, Office of President, Metharath University
99 Moo 10, Bangtoey, Samkhok, Pathum Thani 12160 THAILAND
Phone: +66 2599 0000   Fax: +66 2599 3350   Email: amd@mru.ac.th

www.mru.ac.th

DOCUMENT CHECKLIST:
Application Form
Copy of transcript and certificate
Copy of citizen ID card / Passport
Copy of house registration (Thai Only)
Proof of English language competency (if any)