



FOR OFFICE USE ONLY
Application No.

Postgraduate Application Form

*Please attach
your recent color
photo here*

Please complete all questions and complete tick boxes as appropriate.

We also require you to submit the application form and all other supporting documentation in electronic file before your application can be considered.

1. Postgraduate Degree M.Sc.
Name of Program _____

2. Personal Details

Title (Mr/Mrs/Miss/Ms) _____ First names _____ Family name _____

Date of Birth (DD/MM/YY) _____ Status Single Married Divorced

Nationality _____ Country of permanent residence _____

Correspondence Address Please Note: this is the address to which the institution will send all correspondence	Telephone number
	Mobile number
	Fax number
	E-mail address
Add permanent home address if different from above	Telephone number
	Mobile number
	Fax number
	E-mail address

3. Academic History

From under graduation level, the institutions attended and qualifications or degree obtained (you must supply full dates). **All applicants should be enclose official transcripts of their qualifications with the application e-mail.**

Name & Address of Institution	Date of Attendance (date started and date awarded)	Qualification and class of degree (if any) (give grade point average if applicable)	Principal Subject(s) taken
Other information relevant to your academic history			

4. English Language Qualification(s)

Is English your first language?

Yes No

If English is not your first language please provide details of your English language qualifications with results obtained and the date you took the test or will be taking the test.

You must provide an electronic copy of your English language test score report with your e-mail application.

	Score	Date Obtained (MM/YY)
IELTS		
TOEFL		
Other (please specify)		

5. References

Please give the names of your two referees. At least one should be from an academic member of staff at the institution where you gained your most advanced qualification.

Referee 1	Referee 2
Name	Name
Address	Address
Position	Position
Telephone number	Telephone number
Fax number	Fax number
E-mail address	E-mail address

6. Career History

Please give details of relevant employment and/or professional experience. Please start with the most recent (Enclose a curriculum vitae if necessary).

Date (s)		Nature of work and position held (please specify whether post was full or part time)	Name and address of employer
From (DD/MM/YY)	To (DD/MM/YY)		
From (DD/MM/YY)	To (DD/MM/YY)		
From (DD/MM/YY)	To (DD/MM/YY)		

7. Personal Statement

(All applicants) please use this space to present a short personal statement of up to 350 words outlining **why you should be awarded a KMITL Postgraduate Scholarship (Master in Food Science)**.

8. Academic interests/proposed research

(All applicants) please use this space to summarize your academic interests and your reasons for choosing your intended course of study. Please also provide a brief outline of your proposed research topic or interests. If you have a detailed research proposal (not more than 2 pages) this may be attached. Also, please include information on your academic/personal achievements and your career goals.

Additional Information

A large, empty rectangular box with a thin black border, occupying most of the page below the 'Additional Information' header. It is intended for the user to provide further details or notes.

8. How did you learn about School of Food Industry and its programs?

Personal recommendation Poster Internet

School/Dept Brochure Tutor

Other (please specify) _____

9. Please check that your application is complete and that you have attach all the relevant documents

Application form with one recent color photo Transcript of studies

Two references letter in signed English language test score report

A photocopy of national identification or passport

Declaration

I certify that the information provided above is correct and I understand that School of Food Industry will withdraw my application if any aspect is found to have been falsified.

Signature

(Electronic Hand-Signature)

Date _____
(DD/MM/YY)