International College Office
Building 21, Floor 01
University of the Thai Chamber of Commerce
126/1 Vibhavadee – Rangsit Rd. Dindaeng,



Bangkok 10400, Thailand Email: icutcc@gmail.com

Exchange Student Application Form

Application deadlines are approximately 2 months before the start of each semester. (30 th June for Fall semester, 30 th November for Spring semester and 1 st April for Summer semester)	Photograph
Make sure to include your most current email and mailing address.	
It will take about 2 weeks for the office to consider your application and issue the acceptance letter and visa letter for you.	
Required documents for inbound exchange students are as follows:	

- 1. An official transcript (record of completed courses and grades) from your home university
- 2. A copy of your passport

Personal Information						
☐ Mr. ☐ Mrs. ☐ Miss						
Family Name:	Given Name:					
Gender:						
Date of Birth: / / Age:						
Nationality:						
Passport No.:						
Mailing Address:						
House No./Street/Block No.	City/Province —					
- Country Postal Code Contact	No. Email address					

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Starting Academic Year: 2018

Language Proficiency:



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Emergency Contact (please provide an English speaking contact)						
Contact person in case of emergency:	Relationship:					
Mailing Address:						
. House No./Street/ Block No. C	City/Province					
- Country Postal Code Contact No. Email add	dress .					
Details of Exchange Program						
Home University:	Country:					
Present Degree/Major:	Student ID:					
Number of Years in Your Field of Study:						
Your Level of Study: Undergraduate						
Subject You Intend to Study:						
1)						
Planned Duration of Study						
1 semester 2 semesters (full year)						

Language	nguage Level of Proficiency		
	Excellent	Good	Fair
English			
Thai			

2020

2021

2019

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Academic Information Contact Person at Home University: Position: Please provide contact details for your exchange advisor/coordinator at your home university: House No. /Street/ Block No. City/Province Country Postal Code Contact No. **Email address Health Insurance** Do you have any health problems / physical problems or take any medication? Do you plan to apply for health insurance? If so, please provide us the details of the company? House No./Street/Block No. City/Province Country Postal Code Contact No. **Email address** Purpose of Study at International College, UTCC (No more than 100 words) I hereby declare that during the period of my studies at UTCC, I will follow the rules, policies, and code of student conduct accordingly. I further understand that all my personal information is confidential and used only in the capacity intended by UTCC. Date: _____ /____ /____ Applicant Signature: