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District Maha Sarakham 44150 Tel/Fax : 66 4375 4241 Email : iroffice@msu.ac.th

MSU INBOUND INTERNSHIP APPLICATION FORM

Affix
picture
here

Personal Information:

First Name.....Last Name.....
Birth date..... Sex: Female Male
Nationality.....
Current address
.....Telephone no.....
Mobile phone no.....Email address.....

Emergency contact person:

Full Name..... Relationship to Intern.....
Contact address: No..... Street.....
Road..... District.....
Province (State)..... Postal Code
Country
Tel (include country code) Mobile.....
Fax..... E-mail.....

Home Institution:

University.....Faculty.....
Major..... Study in: Bachelor's degree Master's degree
 Doctorate's degree Level..... Current GPA.....

Internship information

Proposed plan of study/research.....
Proposed duration of stay Arrival date: (DD/MM/YYYY)
..... Departure date: (DD/MM/YYYY).....

Faculty in which the applicant wishes to visit/study *:
(*if not specified, IRO-MSU will select the appropriate faculty and professor for you)

Current research activities:

Previous publications:

Current major professor at home university:

Professor's Name:

Contact address:

E-mail:

Major professor's note of recommendation:	
Name.....	Note:
Position
Signature.....
Date.....
Department Head's note of recommendation:	
Name.....	Note:
Position
Signature.....
Date.....

Conditions

1. Mandatory health insurance is the intern's responsibility. Proof of health insurance must be shown.
2. The intern must hand in all relevant documentation including the supervisor's recommendation before signing off from the internship.
3. Any credit transfer must be agreed upon by the registrar of both universities.
4. Any article or publication of any kind resulting from the internship program must:
 - a. acknowledge the supervisor as a co-author.
 - b. acknowledge the funding source (Maharakham University Development Fund).
5. MSU reserves the right to cancel the internship at anytime.

I have read and accept the above conditions.
I declare that the information given is true and correct to my knowledge and that I satisfy all requirements.
If it later becomes known I lack any of the qualifications stated I unconditionally accept this application becomes invalid.

Applicant's Name.....

Applicant's Signature.....

Date.....