Student Application Form

National Institute of Development Administration (NIDA)

Master of Management Program in Integrated Tourism and Hospitality Management (English Program Bangkok)

Graduate School of Tourism Management

Photograph

Size 1”

- ❑ Program 1.1 Research based
- ❑ Program 2.1 Coursework study & Research
- ❑ Program 2.2 MPhil/PhD

Personal and Contact Information:

1. Title ❑ Mr. ❑ Mrs. ❑ Miss ❑ Others, please specify .....

2. Name ..... Surname .....

3. Gender ❑ Male ❑ Female Age..... Date of birth .....

4. Marital Status ❑ Single ❑ Married ❑ Divorced

5. Identity or passport Number ..... Country of birth ...../...../.....

6. Nationality..... Race..... Religion..... Hometown.....

7. Residential address .....

Road .....Sub-district ..... District.....

City.....Country.....Postal code .....

Home phone.....Mobile.....E-mail address .....

8. Current career ..... Position .....

Work address No. .....Road..... Sub-district .....

District.....City.....Country.....Postal code.....

Mobile ..... E-mail address .....

9. Person to notify in case of emergency ..... Relationship.....

Address .....

Home phone ..... Mobile .....

Education Information

Educational Level	Institute/ University	Degree/Program	Year of Grduation	GPA
Bachelor				
Master				
Other, please specify				

Proficiency in English (If available)

- ❑ **TOEFL** Test dates.....Score.....
- ❑ **IELTS** Test dates.....Score.....
- ❑ **Others, please specify** ..... Test dates.....Score.....

Employment Experience		
Organization	**Position**	**Duration**
Total period of employment.....year(s).....month(s)		Salary (most recent).....

Immediate supervisor..... **Position**.....

Company.....

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Training/Seminar		
Program	**Period**	**Organizer**

Referees (Min. 2 persons)

1. Name.....Position.....

Company.....Telephone.....

2. Name.....Position.....

Company.....Telephone.....

How did you find out about GSTM?

❑Website ❑ Newspaper ❑Brochure ❑Alumni

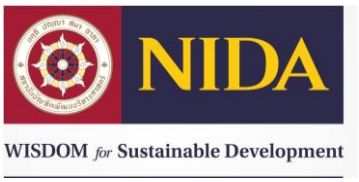
❑Other, please specify .....

I declare that the information submitted is correct and complete.

Signature .....

(.....)

Date.....Month.....Year.....



Student Assessment Form Master of Management Program
Graduate School of Tourism Management (GSTM)
National Institute of Development Administration

1. Application Number .....

2. Application's Name (Mr./Mrs./Miss) .....

3. Evaluator's Name (Mr./Mrs./Miss) .....

Position.....

Company and Address.....

..... Phone .....

Relationship to applicant and length of association .....

4. Please rate the applicant for the following categories

Categories	Excellent	Good	Average	Poor	Very Poor	No comments
Work-related knowledge						
Responsibility						
Creativity						
Enthusiasm						
Ability to work with others						
Contributions to the organization						
Potential to function as manager						

5. Other Comments:

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Signature .....

(.....)

Date..... Month.....Year.....