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



Dindaeng, Bangkok 10400, Thailand

Email: miroslav_kal@utcc.ac.th

Exchange Student Application Form

Application deadlines are approximately 2 months before the start of each semester. (30th June for Fall semester, 30th November for Spring semester and 1st April for Summer semester)

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

Photograph	

Personal Informati	ion	
☐Mr. ☐ N	Mrs.	
Family Name:		Given Name:
Condor		
Gender: Male	e Female _/	
Nationality:		
Passport No.:		
Mailing Address:		
	k No.	
- Country	Postal Code Contact	: No. Email address

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Emergency Contact	please provide an Engl	ish speaking contact)	
Contact person in cas	se of emergency:	R	elationship:
Mailing Address:			
House No./Street/Block	No.	City/Provir	nce
Country I	Postal Code Contact N	Io. Email address	
Details of Exchange	_		
Home University:			ountry:
Present Degree/Majo	r:	Student ID:	
Number of Years in Y	our Field of Study:		
Your Level of Study:	□ Undergraduate	☐Graduate	
Subjects You Intend to	Studv:		
4) 5)			
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Plan <u>n</u> ed Duration of S	Study		
1 semester	☐ 2 semesters	(full year)	
Starting Semester:	Fall (August – December)	Spring (January – May)	Summer (June – July)
		□ 2024 □ 2025	, , ,
Language Proficiency			
Language		Level of Proficienc	су
	Excellent	Good	Fair
English			
Thai			

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Academic Info	ormation			
Contact Person	at Home University:			
Position:				
Please provide o	contact details for yo	our exchange advis	or/coordinator at your home university:	
House No./Street	Z/Block No.		City/Province	
Country	Postal Code	Contact No.	Email address	
Health Insura	nce			
Do you have any	ر health problems / ر	physical problems o	r take any medication?	
Please provide u	us the details of the	Travel and Health I	nsurance Company?	
House No./Street/	Block No.		City/Province	
Country	Postal Code	Contact No.	Email address	
Purpose of Stu	udy at Internation	al School of Mana	gement, UTCC (No more than 100 v	vords)
I hereby declare	that during the per	riod of my studies a	t UTCC, I will follow the rules, policies,	and code of
-		-	t UTCC, I will follow the rules, policies, all my personal information is confiden	
student conduc		er understand that		