

ASIAN INSTITUTE OF TECHNOLOGY	
<i>This card must be completed and returned with your application for admission.</i>	
Mr./Mrs./Miss:	_____
	<i>First Middle Last</i>
<i>Please tick the order in which you want your name to appear on all AIT documents:</i>	
[ ] First, Middle, Last	[ ] Last, Middle, First
Date of birth	_____
	<i>day/month/year</i>
Application for admission to the program of	<input type="checkbox"/> Doctor
(please tick one box only)	<input type="checkbox"/> Master
	<input type="checkbox"/> Diploma
	<input type="checkbox"/> Certificate
	<input type="checkbox"/> Special
School:	_____
Field of study :	_____
	_____

CORRESPONDENCE ADDRESS \_\_\_\_\_

(Valid until \_\_\_\_\_ ) \_\_\_\_\_

day/month/year \_\_\_\_\_

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EMAIL ADDRESS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

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HOME ADDRESS \_\_\_\_\_