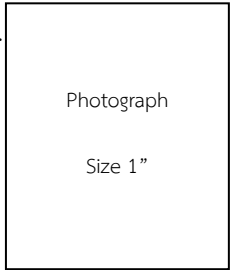




**Student Application Form**  
**National Institute of Development Administration (NIDA)**  
**Master of Management Program Integrated**  
**Tourism and Hospitality Management**  
**Graduate School of Tourism Management (English Program)**  
**Regular Program (Full-time)**



- Scholarship Type 1    Scholarship recipients shall be waived from tuition fees throughout the program of study Monthly allowances and other educational support will also be provided throughout the program.
- Scholarship Type 2    Scholarship recipients shall be waived from tuition fees throughout the program of study.
- Scholarship Type 3    Scholarship recipients shall pay half of tuition fees throughout the program of study.

**Personal and Contact Information:**

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

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

3. Name (English)..... Surname (English).....

4. Gender     Male     Female    Age.....    Date of birth .....

5. Marital Status     Single     Married     Divorce

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

7. Nationality..... Race..... Religion..... Hometown.....

8. Residential address .....

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

Province.....Postal code ..... Home phone.....

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

9. Current career ..... Position .....

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

District.....Province.....Postal code.....

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

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

Address .....

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

**Education Information**

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

**Proficiency in English (If available)**

- TOEFL    Test dates.....Score.....
- IELTS    Test dates.....Score.....
- Others, please specify \_\_\_\_\_ Test dates.....Score.....

Application No.:.....

**Employment Experience**

Organization	Position	Duration

Total period of employment.....year(s).....month(s)      Salary (most recent).....

Immediate supervisor..... Position.....  
Company.....  
.....

**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  
 Integrated Tourism and Hospitality Management  
 Graduate School of Tourism Management (GSTM)

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:

.....

.....

.....

.....

Signature .....

(.....)

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