

Letter of Permission

**Khon Kaen University Scholarship for ASEAN and GMS Countries’ Personnel**

of Academic Year 2015

*Please* ***complete two copies*** *of this form and return them with your references*

*and all other supporting documents to Khon Kaen University at the above address.*

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*COMPLETE ALL PAGES BY TYPING IN BLOCK CAPITALS AND SIGN*

*MARK ‘X’ IN BOXES AS APPROPRIATE*

**Part I – To be completed by the Applicant:**

|  |
| --- |
| **Family Name (last Name)** |
|  |

|  |  |  |
| --- | --- | --- |
| **First Name (s)** |  | **Sex (F, M)** |
|  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of birth (dd/mm/yyyy)** |  | **Place of birth** |  | **Country of birth** |  | **Nationality(ies)** |
|  |  |  |  |  |  |  |

**Part II – To be completed by the Referee:**

Please note that referee must be the Dean/Director of the Faculty/Institution where the applicant will work after his/her graduation from host Institution.

|  |  |  |
| --- | --- | --- |
| **Family name (last name)** |  | **First Name** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Position** |  | **Name of institution/university** |
|  |  |  |

|  |
| --- |
| **Permanent personal address** |
| **Number and Street name:****City:** **Postcode:****Country:****Telephone (with international code):** **Facsimile (with international code):****Email:**  |

**I would like to recommend applicant named above for Khon Kaen University scholarship. After he/she graduates from Khon Kaen University, he/she is expected to return to work at our institution/university. Details are as follows:**

|  |  |  |
| --- | --- | --- |
| **Position or expected position of applicant after graduated from KKU** |  | **Name of Institution/University** |
|  |  |  |

|  |
| --- |
| **Mailing address** |
| **Number and Street name:****City:****Postcode:****Country:****Telephone (with international code):** **Facsimile (with international code):****Email:** |

**Important**

 I give permission for him/her to study at Khon Kaen University for the period indicated in the study program. And I certify that after graduated, he/she will return to the stated workplace.

## Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in block \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position in your institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(dd/mm/yyyy)