



EPOP Student Application

Fill out this application and email it to apply@epopasia.org. Late applications **will not** be accepted. Incomplete applications will be rejected. Make sure you check the epopasia.org website for application due dates.

Please note: You must have Adobe Reader Version 8.0 or later to use and save this form. To download your free version of Adobe Reader go to <http://get.adobe.com/reader/>

Personal Information

Name	<input type="text"/>	Current Location	<input type="text"/>	Email	<input type="text"/>
Phone	<input type="text"/>	Address	<input type="text"/>	Gender	<input type="text"/>
How did you hear about EPOP?	<input type="text"/>				

List the schools you have attended.

Your Education Background

	Name of School	Year Attended	Location	Certificate/Degree
Secondary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Secondary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1st University	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd University	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List your relevant work experience.

Work Experience

	Name of Organization/Institution	Position	Location	Responsibilities
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

University and Program Choices

Please note that EPOP only accepts students who demonstrate a clear direction and plan for their University education. Incomplete applications that do not have this information **will be rejected**. In order for your application to be considered, you must complete all the fields below. You must put your top three choices for the **Universities** and the **Programs** you wish to attend. Also put the level (BA, BS, MA, MS or PhD) of your desired program. If you do not know how to decide this, **we strongly recommend** that you do research or speak to an academic counselor before filling out this application. Please also ask them about the exam(s) and scores required for your chosen University programs. Myanmar students can find counselors online here: www.myanmarstudyabroad.org; Cambodian, Thai and Lao students should follow the links on the epopasia.org website.

Remember, you must put valid University Programs in order to be accepted to EPOP.

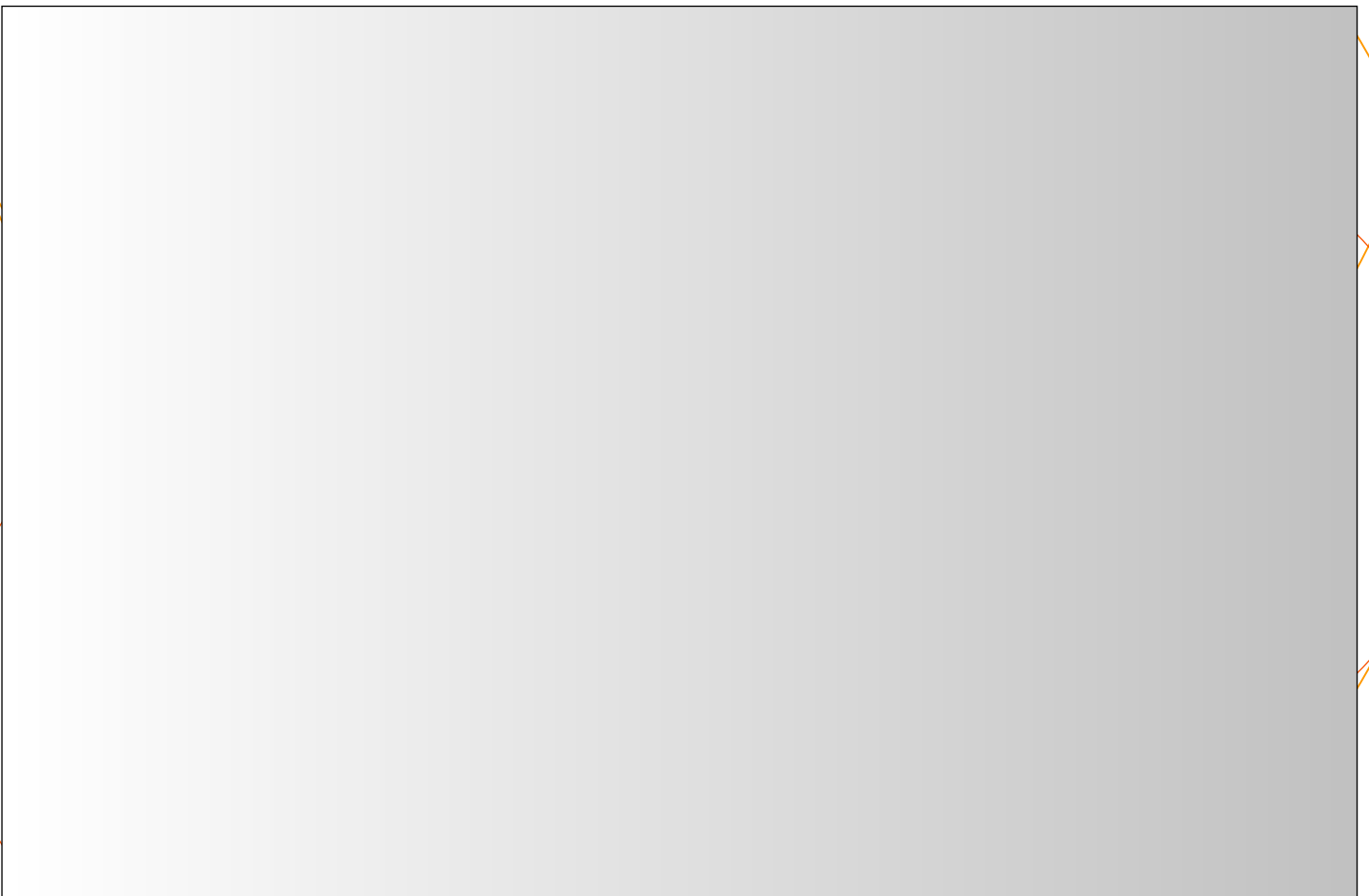
	Name of University	Program	Test Required	Score Required	Date needed
1st	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Building civil-society through greater access to higher education.

Essay 1- How will studying in the program you listed above contribute to your current and long term career goals? Please limit your essay's length to the area provided below.



Essay 2- Pick a significant experience from your own life and explain how it has influence you. Please keep the length of your essay within the box provided.



Passport:

- ☐ Yes. I currently have a valid passport.
☐ No. But, I am willing take the necessary action to obtain one.

References

1. Name	<input type="text"/>	Email	<input type="text"/>	Phone	<input type="text"/>
2. Name	<input type="text"/>	Email	<input type="text"/>	Phone	<input type="text"/>

Please type your name below indicating that you agree to the statement below. Return this application to apply@epopasia.org. Please do not mail applications unless you absolutely have to. If you do need to use snail mail, then send it to this address: PO Box 47 Chiang Mai University Post Office, Chiang Mai, Thailand 50202.

"I certify that all of the above information I have provided is correct without embellishment. I understand that if I am accepted into EPOP, I have a responsibility to complete all assignments and be vigilant in my studies. I understand that if I fail to do so, my enrollment will be terminated.

I authorize EPOP to share my application, essays and any scores I receive with potential scholarship organization in an effort to find financial support for my university entrance, otherwise all information will remain confidential. I further understand that it accepted into the program, I will provide any additional information and communicate regularly with EPOP to ensure success on my relevant examinations.

I also understand that successful completion of EPOP courses does not guarantee me a scholarship or entrance to a university. It is clear to me that it is my responsibility to seek out information on opportunities and apply for entrance to and funding for a university degree."

Upon completion of this application, click save as and save file name like this:

_____.pdf (eg. myat su 21 July 2011. pdf)

(Your name) (the current date)

and then send it to apply@epopasia.org.

If you are conditionally accepted to participate in the program, you will be invited to sit for the EPOP Entrance Exam which takes place in several locations throughout Southeast Asia.

Note: If you fail to save the file name as recommended, your application may not be processed for further evaluation.

Your Signature

type your name

Current Date

Administrative Use Only - don't type in this area

EEE (total score and date)

EEE-L

EEE-S

EEE-R

EEE Test Form

Course enrolled

Date accepted