

Attach a photo

Size: 1 inch.

Academic Year/	
Suan Sunandha Rajabhat University	_
Application no	
*Please complete all information requested on this form. The application is a part of prelim	ninary
consideration for admission.	
Curriculum	
CurriculumProgramProgram	
Personnel Information	
1. Title $\square$ Mr. $\square$ Miss $\square$ Others	
Full name in Chinese	
Full name in English	
2. Date of birth (DD/MM/YYYY)AgeAgeYears old	
ReligiousRaceNationality	
3. Passport no	
4. Mobile phone noe-mail address	
Home phone no	
5. Present address:	
NoRoadDistrict	
CityZip CodeZip Code	

## 6. Educational Background

Educational Level	Institute, Country	DD/MM/YYYY of graduation	Curriculum/ Program or major	Degree name	GPA
Secondary School					
High School/ Vocational College					
Others					

7.	. Evidences and relevant documents required to support application.
	Please select the supplemental documents you submit.
	(All documents must be certified true copy by applicant' signature)
	Supplemental documents required
	2 recent photos, size: 1 inch
	2 Copies of degree certificate and transcript
	2 Copies of passport
	Other relevant documents such as; certification of name change, please submit 2
	copies of each.
	Other supporting documents (please specify)

I hereby declare that the information provided is true and correct. I also understand that any willful dishonesty may render for refusal of this application or immediate termination of admission.

- Request additional information to verify an application.

<sup>\*\*\*</sup>The university reserves the right to

- Reject the application if it is proven, or if the university has reasonable belief, that the information provided is false or if the applicant refuses to provide the requested information, whether or not an offer has already been made.
- Request to see a student's original academic transcripts or certificates provided in the admission application.
- Terminate a student's registration if he/she is found at a later stage to have submitted a fraudulent application to the university.

oplicant signature
ate/Month/Year
M staff signature
ate/Month/Year