

泰国格乐大学入学申请表

Krirk University Application Form

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| 泰国格乐大学  地址：泰国曼谷市邦肯区阿努萨瓦力街区拉茵他路拉茵他1巷3号,邮编10220  Krirk University:  No.3 Soi Ramintra 1 ,Ramintra Road, Anusaowaree,  Bangkhen , Bangkok 10220 THAILAND [www.krirk.ac.th](http://www.krirk.ac.th/)（TH）  [www.krirkcn.com](http://www.krirkcn.com/)（CN） | | **高中起点** High school starting point  □本科 Undergraduate  □本硕连读 Diploma  **专科起点** Junior college for starting point  □N+2 本科 N+2 Undergraduate  □N+2+2 本硕连读 N+2+2 Diploma  **全日制** Full-time  □硕士 Master□博士Doctor | | | | 此处粘贴  35\*45mm（二寸）  白底照片  电子版复制上 |
| **申请人信息Information** | | | | | | |
| 申请专业——方向 Major-direction | **/** | | 授课语言  Teaching Language | |  | |
| 中文姓名  Name |  | | 出生年月日 Date of birth  （以身份证或护照为准） | | □身份证 ID Card □护照Passport    **年 月 日** | |
| 英文姓名 Passport name（护照拼写为准 ） |  | | 婚否Marital status/性别 Sex | | □已婚married □未婚unmarried  □男（ Male） □女（ Female） | |
| 身份证号 ID Card NO. |  | | 国籍/身份证签发地Nationality/ID card issuing place | | **/** | |
| 护照号 Passport No. |  | | 护照签发地/有效期截止日期  Passport issued / valid until | | **/** | |
| 联系方式 Contact | 微信号 WeChat | | 电话 Mobile phone | | | |
| QQ号 QQID | | 邮箱 E-mail | | | |
| 住址 Address | | | | | |
| **教育背景 Education: Academic history starting from high school** | | | | | | |
| 学历Degree | 毕业学校Name of school | 入学年月From-To | | 毕业年月Graduation year | | 修读专业Major |
| 高中High school |  |  | |  | |  |
| 专科College |  |  | |  | |  |
| 本科Bachelor |  |  | |  | |  |
| 硕士Master |  |  | |  | |  |
| **家庭成员/紧急联系人 Family Members/Emergency contact** | | | | | | |
| 关系 Relations | 姓名 Name | 出生年月日  Date of birth | | 单位/职务  Name of work place/  title in office | | 电话 Mobile NO. |
| 父亲 Father |  |  | |  | |  |
| 母亲 Mother |  |  | |  | |  |
| 直系亲属紧急联系人Immediate family emergency contact |  |  | |  | |  |
| 直系亲属紧急联络地址Immediate family emergency contact address  （需真实居住可邮寄） |  | | | | | |
| **申请人其他信息 Other information of the applicant** | | | | | | |
| 健康状况 Health | □抑郁类病症Depression □精神类病症Psychosis □传染类病症Infectious diseases □皮肤传染类病症Skin infectious diseases □ 急性心脏病症Acute heart disease □个人特殊疾病Personal special diseases  □完全健康Completely healthy □其他病症Other diseases（请填写）： | | | | | |
| 外语水平 English Level |  | | 宗教信仰 religious belief | | |  |
| 工作单位Company/Organization |  | | 职务Position | | |  |
| 信息来源 sources | □官网官微 Official website/micro-blog/ Official WeChat□网络媒体network media□朋友介绍friends introduce□合作院校、机构 Cooperative Academy□院校老师College teachers□报纸newspaper□贴吧Post Bar □其他Others | | | | | |
| 推荐人 Referee  单位 Company |  | | 班主任/辅导员  form master/coach  姓名/联系电话  Name/ Contact NO | | |  |
| **学员声明(Applicant Agreement)：**  我已明确如实填写个人身体健康情况，作为身体与心理健康的完全民事行为能力人能够自主监测自己身体变化安排好学习与生活。我已仔细阅读学生手册、报名表，并充分理解其内容。我明白在学习过程中，学校如发现此报名表有填写不属实之处有权解除我的学籍。  I understand that withholding pertinent information requested on this application or giving false information will make me ineligible for admission to the University or subject to dismissal, With this in my mind, I certify that the statements are correct and complete. Furthermore, I agree that if I am enrolled in this program, I will adhere to and be bound by the applicable rules and regulations of this program.  申请人签名 Applicant’s Signature： 家长签名 Guardian’s Signature：  日期 Date： 日期 Date： | | | | | | |

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|  | **自我介绍Personal Statement** |
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