

中国医科大学
CHINA MEDICAL UNIVERSITY
外国来华自费学习申请表
Application Form for Foreign Students Intending
to Study in China at Their Own Expenses

ติดรูป

国籍 Nationality	THAI	性别 Sex <input type="checkbox"/> 男 Male <input checked="" type="checkbox"/> 女 Female	
姓名 Name	姓/Family Name TANAPRASERTCHAI	名/Given Name NITIKAN	
出生地 Place of Birth:	BANGKOK	健康状况 Health Conditions	EXCELLENT
		宗教信仰 Religion	BUDDHISM
出生日期 Date of Birth	日 月 年 15 Day 07 Month 2011 Year	婚否 Marital Status <input type="checkbox"/> 已 Yes <input checked="" type="checkbox"/> 未 No	
护照号码 Passport No.	毕业学校 School of Graduation	最后学历 Last Degree	
P856081	STREESMUTPRAKAN SCHOOL	UPPER SECONDARY	
工作或学习单位/Employer or Institution Affiliated			
语言 Language	THAI	职业 Profession	STUDENT
申请类别 Applying Status	本科 Bachelor's Degree: MBBS: English <input checked="" type="checkbox"/>		
留学期限 Period of Study	日 月 年 — 日 月 年 01Date 09 Month 2011 Year — 01 Date 07 Month 2017 Year		
通讯地址 Address	205/230 MONTANA VILLAGE, SOI 18, SRINAKARIN ROAD, BANGMUANG, MUANG, SAMUTPRAKARN 10270 THAILAND		
电话 Telephone: 66863220624	传真 FAX:	E-mail: KOTCHANUT1@GMAIL.COM	
个人简历 Resume			
月 年 — 月 年 Month Year — Month Year	学习或工作经历 Study or Working Experiences	身份 Status	
05 2008 -- 02 2010	STREESMUTPRAKAN SCHOOL	GRADUATED	

注 Note: 如果简历栏不够可另附一页。If the space for resume is not enough, you can attach another piece of paper to continue.

填表要求 Requirements for filling in the form:

凡承认中华人民共和国宪法和法律，欲申请来我校自费学习的外国公民均可填写此表。

Any foreign citizens, who acknowledge the Constitution and Laws of P.R. China and intend to apply to our university for study at one's own expense, can fill in this form.

打印或填写。Please print or write clearly and truthfully.

请将填写的申请表与招生简章中要求的材料一同寄给我校，以便为你办理入学手续。

Please send us the filled form together with the documents required in China Medical University Admission Brochure For Foreign Students, so that we can initiate the process of admission.

如发现申请者填写的内容与实际不符者，将不被录取。

If the application form is not truthfully filled in, the application will be rejected.

Student Signature