



# STUDENT PROFILE

PYU 0221/1/5/2010

Semester \_\_\_\_/\_\_\_\_

<input type="checkbox"/> Bachelor	<input type="checkbox"/> Master	<input type="checkbox"/> Doctor
<input type="checkbox"/> Certificate	<input type="checkbox"/> Outsider (Audit)	
<input type="checkbox"/> Thai Program	<input type="checkbox"/> International Program	

Department \_\_\_\_\_ Faculty \_\_\_\_\_ Student Code \_\_\_\_\_

## Personal Information

Title  Mr.  Mrs.  Miss  Other \_\_\_\_\_ Sex  Male  Female

Name (Thai) \_\_\_\_\_ Middle Name \_\_\_\_\_ Surname \_\_\_\_\_

Name (English) \_\_\_\_\_ Middle Name \_\_\_\_\_ Surname \_\_\_\_\_

Given name

(The spelling of your name & surname must be the same as that spelled in the passport)

Passport No. \_\_\_\_\_ Blood Group  A  B  AB  O  RH+  RH-

Date of Birth (DD/MM/YYYY) \_\_\_\_\_ Marital State  Single  Married  Divorced

Place of Birth (Province/State) \_\_\_\_\_ Country of Birth \_\_\_\_\_

Nationality \_\_\_\_\_ Citizenship \_\_\_\_\_ Religion \_\_\_\_\_

Former School / College \_\_\_\_\_

Province / State \_\_\_\_\_ Country \_\_\_\_\_

Date of Leaving from Former School / College (DD/MM/YYYY) \_\_\_\_\_

E-mail Address \_\_\_\_\_

## Emergency Contact Address

Name & Surname \_\_\_\_\_

Contact Address (Number, Street) \_\_\_\_\_

District \_\_\_\_\_ City \_\_\_\_\_ Province/State \_\_\_\_\_

Postal Code \_\_\_\_\_ Telephone No. / Mobile No. \_\_\_\_\_

I hereby declare that all information provided is true. If not, I will take full responsibility for any future consequences that may follow. I allow the registration office to utilize all information for the purpose of university management.

Signature \_\_\_\_\_

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