SRINAKHARINWIROT UNIVERSITY
Registration Form for International Students

Please fill in the form completely and accurately:

Full Name (Mr./Miss/Mrs.) *First/Given* *Middle* *Last/Family*

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Passport Number:..... **Nationality :**.....**Religion :**.....

Marital Status:.....**Date of Birth**.....**Place of Birth**.....

ID No. .....**Semester**.....**Academic Year**.....

No.	Subject Code	Section	Subject/ Course	Registration Type (Credit, Audit)	Lecturer's Signature

Student's Signature: .....
Date: .....

Adviser's Signature: .....
Date: .....

Educational Services Division's Use:

Student ID.....Faculty.....Major .....

Student Group.....Rate code.....

Student ID Card Expire.....

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