



SHINAWATRA UNIVERSITY
FOSTERING INNOVATION

SHINAWATRA UNIVERSITY
APPLICATION FORM
西那瓦国际大学入学申请表



Photo
照片

Application No.
申请号

PROGRAMS OF STUDY 申请专业: ***Accept Major Adjustment 是否接受专业调剂: Yes 是 No 不

Bachelor Programs (English Program)
本科 (国际课程)

- | | | |
|--|--|--|
| <input type="checkbox"/> Accounting and Finance
财会金融 | <input type="checkbox"/> Marketing
市场营销 | <input type="checkbox"/> Management
管理学 |
| <input type="checkbox"/> Human Resources Management
人力资源管理 | <input type="checkbox"/> Information Management and Information System
信息管理信息系统 | <input type="checkbox"/> International Trade
国际贸易 |
| <input type="checkbox"/> Logistics and Supply Chain Management
物流与供应链管理 | <input type="checkbox"/> Education Management
教育管理 | <input type="checkbox"/> Physical Education
体育教育 |
| <input type="checkbox"/> Journalism and Communication
新闻与传播学 | <input type="checkbox"/> Public Health
公共卫生 | <input type="checkbox"/> Traditional Chinese Medicine
中医学 |
| <input type="checkbox"/> Nursing Science
护理学 | <input type="checkbox"/> Arts and Design
设计艺术 | <input type="checkbox"/> Dance Performance
舞蹈表演 |
| <input type="checkbox"/> Digital Art
数字艺术 | <input type="checkbox"/> Product Design
产品设计 | <input type="checkbox"/> Music Education
音乐教育 |
| <input type="checkbox"/> New Energy Engineering
新能源工程 | <input type="checkbox"/> Engineering Management
工程管理 | <input type="checkbox"/> Others
其他 _____ |

Master Programs (English Program)
硕士 (国际课程)

- | | | |
|---|--|--|
| <input type="checkbox"/> Nursing Science
护理学 | <input type="checkbox"/> Elderly Care Management
养老管理 | <input type="checkbox"/> Dance
舞蹈教育 |
| <input checked="" type="checkbox"/> Management
管理学 | <input type="checkbox"/> Information Resource Management
信息资源管理 | <input type="checkbox"/> Economics
经济学 |
| <input type="checkbox"/> Engineering Management
工程管理 | <input type="checkbox"/> Assist Reproductive Technology
辅助生殖技术 | <input type="checkbox"/> Education
教育学 |
| <input type="checkbox"/> Physical Education and Sport Management
体育教育与管理 | <input type="checkbox"/> M.Ed Music
音乐教育 | <input type="checkbox"/> M.Ed Fine Arts
艺术教育 |
| <input type="checkbox"/> Psychology
心理学 | <input type="checkbox"/> Arts Performance Communication
艺术表演传播 | <input type="checkbox"/> Fine Arts and Design
美术与设计 |
| <input type="checkbox"/> Journalism and Communication
新闻与传播学 | <input type="checkbox"/> Artificial Intelligence and Network Security
人工智能与网络安全 | <input type="checkbox"/> Public Health
公共卫生 |
| <input type="checkbox"/> Others
其他 _____ | | |

Doctoral Programs (English Programs)
博士 (国际课程)

- | | | |
|---|--|---|
| <input type="checkbox"/> Management
管理学 | <input type="checkbox"/> Education
教育学 | <input type="checkbox"/> Fine Arts and Design
美术与设计 |
| <input type="checkbox"/> Semiotics and Cultural Studies
符号学与文化研究 | <input type="checkbox"/> Economics
经济学 | <input type="checkbox"/> Psychology
心理学 |
| <input type="checkbox"/> Arts Performance Communication
艺术表演传播 | <input type="checkbox"/> Artificial Intelligence and Network Security
人工智能与网络安全 | <input type="checkbox"/> Public Health
公共卫生 |
| <input type="checkbox"/> Music Education
音乐教育 | <input type="checkbox"/> Assist Reproductive Technology
辅助生殖技术 | <input type="checkbox"/> Journalism and Communication
新闻与传播学 |
| <input type="checkbox"/> Physical Education and Sport Management
体育教育与管理 | <input type="checkbox"/> Information Resource Management
信息资源管理 | <input type="checkbox"/> Dance
舞蹈教育 |
| <input type="checkbox"/> Elderly Care Management
养老管理 | <input type="checkbox"/> DiplomainEnglishforInternationalCommunication
英语教育 | <input type="checkbox"/> Others
其他 _____ |

SEMESTER APPLIED FOR:
入学申请时间

Semester 1
第一学期

Semester 2
第二学期

Academic Year
学年

PERSONAL INFORMATION 个人信息:

Title: Mr. Miss Mrs. Other (please specify)

Gender: Male Female

First Name: Middle Name:

Last Name:

Date of Birth 出生年月:

Place of Birth: Beijing
出生地:
Citizen ID Number/ Passport Number: Exxxxxxxxx
身份证号/护照号:
Date of Issue: 2025.09.01 Date of Expiry: 2035.08.31
护照签发日期: 护照到期日期:
Occupation: _____ Employer: _____
职业: 工作单位:

Nationality 国籍: China
Blood Type 血型: AB

CONTACT INFORMATION 个人联系方式:

Address: Beijing - Haidian District - No.5 Summer Palace Road
地址:
Province/City: Beijing Postal Code: 100000 Country: China
省/城市: 邮编: 国家:
Tel: _____ Mobile: 130xxxxxxx E-mail: xxx@163.com
联系电话: 手机号码: 邮箱:

ACADEMIC BACKGROUND 教育背景:

Please fill in the previous highest academic institution and certificate, diploma or degree awarded. Also include original or certified copies of your transcript with the application.

Emergency Contact (Required): Zhang San Phone Number: 135xxxxxxx
紧急联系人 (必填项): 电话:
Institution: Peking University Language of Instruction: chinese
毕业院校: 教学语言:
Address: Beijing - Haidian District - No.5 Summer palace Road
地址:
Admission Date (Month/Year): 2020.09 Graduation Date (Month/Year): 2024.06
入学日期 (月/年): 毕业日期 (月/年):
Certificate/Degree/Diploma Awarded: Undergraduate GPA: _____
毕业证书/学位证书: 绩点:

LANGUAGE PROFICIENCY TEST 语言水平考试:

Please specify the scores & date of any test taken and enclosed a copy of official test score with this application:

- TOEFL: _____ Date Taken: _____ IELTS: _____ Date Taken: _____
托福: 考试时间: 雅思: 考试时间:
 TOEIC: _____ Date Taken: _____ Have not taken any test.
托业: 考试时间: 没有参加过任何测试
- How do you hear about us? 您通过什么渠道了解到西那瓦国际大学?
- SIU Website / SIU Facebook 学校网站/脸书 Other Website / Facebook 其他网站/脸书
 Search Google 谷歌搜索 Agent 代理
 Friend 朋友介绍 Other 其他

CERTIFICATION OF TRUE STATEMENT: 真实性声明:

I do certify that I have read all the instructions and that the information I have provided on this application form and on any additional material related to the admission process is true and complete. Subsequently, I understand that misrepresentation may cause canceling of my admission.

All credentials and documents I submit will eventually become the property of Shinawatra University.

I acknowledge, agree, and consent to Shinawatra University with collecting, using, processing, and disclosing my personal data (appearing in this document) for the purpose of applying for study.

本人已阅读所有说明, 保证本申请表上提供的信息以及与入学程序相关的任何其他材料是真实和完整的。并清楚如果信息作假, 失实可能导致大学取消录取。
本人提交的所有凭证和文件, 西那瓦国际大学拥有所有权。

APPLICANT SIGNATURE: Zhang Xiaoming DATE: 2025.09.01
申请人签字: 日期:

PLEASE SEND APPLICATION MATERIALS TO:

Admissions Division, Office of President, Shinawatra University
99 Moo 10, Bangtoey, Samkhok, Pathum Thani 12160 THAILAND
Phone: +66 2599 0000 Fax: +66 2599 3350 Email: armd@siu.ac.th
www.siu.ac.th

DOCUMENT CHECKLIST 材料清单:

Application Form 申请表
Copy of passport 护照扫描件
Notarized transcript and graduation certificate 成绩单及毕业证书公证书扫描件
Proof of English language competency (if any) 英语水平证书 (若有)



HEALTH DECLARATION FORM FOR APPLICANTS

申请人健康声明表

I hereby declare that I am free from the following diseases/conditions:

本人特此声明，本人不存在下列疾病/病症：

ITEMS项目 (如果没有以下疾病就选:Yes)	SELF自我承诺		IF NO,PLEASE STATE 若否 请说明
	YES是	NO否	
Tuberculosis 结核病	✓		
Hepatitis B 乙肝	✓		
Hepatitis C 丙型肝炎	✓		
HIV 艾滋	✓		
Drug use/abuse of 药物使用/滥用:	✓		
1. Opiates 阿片类	✓		
2. Cannabinoids 大麻素	✓		
3. Amphetamine 安非他明	✓		
4. Methamphetamine 甲基苯丙胺性传播疾病	✓		
Sexually Transmitted Diseases 性传播疾病	✓		
Congenital or Inherited Disorder 先天性或遗传性疾病	✓		
Cancer 癌	✓		
Epilepsy 癫痫	✓		
Psychiatric Illness 精神疾病	✓		
Other illness 其他疾病	✓		

I hereby declare that if I am diagnosed with any illness that does not require me to leave Thailand but needs treatment, and I choose to stay in Thailand to continue my studies, I will bear all direct and indirect costs related to medical management.

本人声明，如果本人被诊断患有任何不需要离开泰国但需要接受治疗的疾病，且本人选择留在泰国继续学业，则本人将承担与医疗管理相关的所有直接或间接费用。

I confirm that despite the above-mentioned medical conditions, Shinawatra University shall not be held responsible in any form or nature for the certification result regarding my eligibility to study or reside in Thailand. I further undertake that Shinawatra University shall be exempted from any liability for losses or responsibilities arising from this decision, and I agree to compensate for all losses or responsibilities incurred by Shinawatra University.

本人确认，尽管存在上述医疗状况，西那瓦大学对本人是否符合进入泰国学习或居留资格的认证结果，概不承担任何形式或性质的责任。本人进一步承诺，对于因本决定导致的任何损失或责任，西那瓦大学将免于承担赔偿责任，并同意对西那瓦大学产生的所有损失或责任进行赔偿。

01/09/2025
Date (dd/mm/yyyy)
日期(日/月/年)

Zhang Xiaoming
Applicant's signature
申请人签名

Zhang Xiaoming
Name of applicant as indicated in the passport
护照上注明的申请人姓名

E XXXXX XXXX
Applicant's passport number
申请人护照号码