



Graduate Programs, International College of Medicine, Thammasat University

Doctor of Philosophy & Master of Science in Bioclinical Sciences

(Academic year 2017)

Application for Admission

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Application ID number

(Staff only)

Paste a one-inch  
photograph

### English Proficiency Test Record

Previous TU-GET examination record      Yes ☐      No ☐

If yes : Examination date..... Score.....

If no : Other English proficiency test

☐ TOEFL Examination date.....

☐ PBT Score..... CBT Score..... IBT Score.....

☐ IELTS Examination date..... Score.....

Other.....Score.....

1. First name – Last name (Mr., Miss., Mrs.) .....
2. Sex ☐ Male ☐ male
3. Nationality ..... Race ..... Religion .....
4. Date of Birth ..... Month ..... Year ..... Age (year) .....
5. Occupation .....Income ..... Baht/Month.....
6. Marital status ☐ Single ☐ Married ☐ Other
7. Father's occupation ..... Mother's occupation .....
8. Application in a graduate program

#### 8.1 Bioclinical Sciences

- |                                   |                |                                     |                                     |
|-----------------------------------|----------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Master   | Education plan | <input type="checkbox"/> Plan A (1) | <input type="checkbox"/> Plan A (2) |
| <input type="checkbox"/> Doctoral | Education plan | <input type="checkbox"/> Plan 1     | <input type="checkbox"/> Plan 2     |

#### 9. Major study area

##### 9.1 Bioclinical Sciences

- ☐ Stem Cell and Regenerative Medicine
- ☐ Assisted Reproductive Technology
- ☐ Molecular Biology
- ☐ Microbiology and Immunology
- ☐ Pharmacology and Toxicology
- ☐ Epidemiology
- ☐ Drug Research and Development
- ☐ Nanomedicine

**10. Source of financial support during tenure of study**

- ☐ Work
- ☐ Parents
- ☐ Scholarship by.....
- ☐ Require scholarship      ☐ During application process: specify source.....
- ☐ Other .....

**11. Education Record**

Level	University/Institute	Degree granted / Field of Study	Period	GPA
Bachelor's				
Master's				
Other				

**12. Employment Record**

Position	Organization	Period

**13. Office address .....**

.....

Post-code ..... Phone ..... Fax. ....E-mail.....

**14. Home address .....**

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Post-code ..... Phone ..... Fax. ....E-mail.....

**15. Attached Supporting Document (Scan document or 300 dpi photograph)**

☐ Recent photograph (~1 inch)      ☐ I.D. card or Passport      ☐ English proficiency test

☐ Academic transcripts      ☐ Degree certificate      ☐ Curriculum vitae

☐ Other academic supporting document please specify.....

(ex. Publication, letter or official supporting document)

☐ Proof of research experience document please specify.....

(Optional requirement for M.Sc. Plan A (1) and Ph.D. Plan 1)

☐ GR002 General Request for.....

(Optional for applicant who is not meet the CICM admission requirement)

Notice: Copy of all online submitted documents have to send to CICM *via* postal address and reach

CICM before 31 March 2017:

Graduate Program, Chulabhorn International College of Medicine,

Thammasat University, Rangsit Campus, 99 Moo 18 Phaholyothin Road, KlongLuang Districts,

Pathumthani, 12121, THAILAND

Applicant's signature .....

Date .....

**Application Fee :**

**Paid by**

☐

Bank account transfer. ....

☐

Direct payment: Receipt No. .... Date.....

Staff 's signature .....