



**Graduate Programs, International College of Medicine,  
Thammasat University**

**Master degree of Dermatology  
(Academic year 2017)**

**Application for Admission**

<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Application ID number</b>		
(Staff only)		

Paste a one-inch photograph
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**First name – Last name** .....

<b>English Proficiency Test Record</b>	
English proficiency test	<input type="checkbox"/> TU-GET Examination date .....Score.....
	<input type="checkbox"/> TOEFL Examination date.....
	PBT Score..... CBT Score.....IBT Score.....
	<input type="checkbox"/> IELTS Examination date..... Score.....
	<input type="checkbox"/> Other.....
	Examination date..... Score.....

1. **First name – Last name** (Mr., Miss., Mrs.) .....

2. **Sex**     Male                       Female

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**

Clinical Dermatology     Plan A 2 (Thesis)

Cosmetic Dermatology     Plan A 2 (Thesis)     Plan B (Independent study)

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

Work

Parents

Scholarship by.....

Require scholarship                       During application process: specify source.....

Other .....

**10. Education Record**

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

**11. Employment Record**

Position	Organization	Period

**12. Office address** .....

.....

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

**13. Home address** .....

.....

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

**14. 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       Medical License

Internship certificate       Curriculum vitae

Three letters of recommendation (one from current supervisor)

Other academic supporting document please specify

.....  
(ex. publication, research experience, presentation, award or official supporting document)

**15. Research Interest** .....

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Notice: Copy of all online submitted documents have to send to CICM *via* postal address and reach CICM before 10<sup>th</sup> March 2016 :

Graduate Program, Chulabhorn International College of Medicine,  
Thammasat University, Rangsit Campus, 99 Moo 18 Phaholyothin Road, KlongLuang Districts,  
Pathumthani, 12121, THAILAND  
E-mail : [cicm.tu.ed4@gmail.com](mailto:cicm.tu.ed4@gmail.com)  
Tel. 0-2564-4444 Ext. 1535

Applicant's signature.....

Date .....

<b>Application Fee:</b>	
<b>Paid by</b>	<input type="checkbox"/> Bank account transfer. ....
	<input type="checkbox"/> Direct payment: Receipt No. .... Date.....
Staff's signature .....	
(Staff only)	

1.12.2016