



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

**Doctor of Philosophy & Master of Science  
in Integrative Medicine  
(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                       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**

**Integrative Medicine**

Master                      Education plan                       Plan A (1)                       Plan A (2)

Doctoral                      Education plan                       Plan 1

9. **Major study area**

**9.1 Master of Science in Integrative Medicine**

Do research on clinical research.

Do research on qualitative, social sciences, medical anthropology.

**9.1.1 Compulsory Elective Course**

Integrative Medicine

Nutraceuticals

Mind-Body Medicine

**9.2 Doctor of Philosophy in Integrative Medicine**

Do research on clinical research.

Do research on qualitative, social sciences, medical anthropology.

**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 Degree				
Master's Degree				
Other				

**12. Employment Record**

Position	Organization	Period

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

.....

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

14. Home address .....

.....

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, 12120, THAILAND

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 .....	