



CHULABHORN INTERNATIONAL COLLEGE OF MEDICINE

THAMMASAT UNIVERSITY

Student Observership Application Form

Applicant Information

Applicant (First Name)

(Last Name)

Date of Birth (M / D / Y)

Ethnicity(optional)

Gender

ID Card / Passport No.

E-mail Address

Phone No.

Current Address

Education and Qualifications

School / College

Program

Grade / Year

GPA

English Proficiency Levels

English Test

Score

Enrollment Enquiry

Please select the program you wish to observe

Start Date (M / D / Y)

End Date (M / D / Y)

Have you previously applied to or attended any observership program at Thammasat University?

Yes

No

If yes, please provide details about the program and year attended

Please Answer the Following Questions

1. Why do you want to participate in this observership program? and what skills or experiences do you hope to gain?

2. What do you know about CICM ?

Parent/Guardian Residence Information (For Emergency Contact)

First Name

Last Name

Address

What is your relationship with the applicant

City / Province

Zip Code

Phone Number

Medical Information for Applicant

Does the applicant have any health concerns / issues? Please list any of the following: Current medications, medication allergies, food allergies, or chronic health concerns.

Signature (Applicant)

Date (M / D / Y)

**For More Information
Please Contact**

The Office of International Affairs

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