



ENROLLMENT INTENTION FORM
Postgraduate Program
Chulabhorn International College of Medicine
Academic Year 2021

Please complete the information below:

My name is has been an eligible candidate to enroll in postgraduate program at Chulabhorn International College of Medicine, Thammasat University, academic year 2021.

Integrative Medicine (International Program)

- Master of Science in Integrative Medicine
- Doctor of Philosophy in Integrative Medicine

I certify that all information on this form is factual and that I intend to enroll in postgraduate program (International Program) at Chulabhorn International College of Medicine, Thammasat University, academic year 2021

Signature..... (Applicant)

(.....)

Date.....