



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

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

(Academic year 2024) (Round 2)

Application for Admission

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

Paste a one-inch photograph

English Proficiency Test Record	
Previous TU-GET examination record	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes: Examination date.....	Score.....
If no: Other English proficiency test	<input type="checkbox"/> TOEFL Examination date.....
	PBT Score..... CBT Score..... IBT Score.....
	<input type="checkbox"/> IELTS Examination date..... Score.....
	<input type="checkbox"/> 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)

- | | | |
|---|--|---|
| <input type="checkbox"/> Recent photograph (~1 inch) | <input type="checkbox"/> I.D. card or Passport | <input type="checkbox"/> English proficiency test |
| <input type="checkbox"/> Academic transcripts | <input type="checkbox"/> Degree certificate | <input type="checkbox"/> Curriculum vitae |
| <input type="checkbox"/> Other academic supporting document please specify.....
(Ex. Publication, letter or official supporting document) | | |
| <input type="checkbox"/> Proof of research experience document please specify.....
.....
(Optional requirement for M.Sc. Plan A (1) and Ph.D. Plan 1) | | |
| <input type="checkbox"/> 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
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

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