



**ENROLLMENT INTENTION FORM**  
**Postgraduate Program**  
**Chulabhorn International College of Medicine**  
**Academic Year 2024**

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 2024.

**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 2022

Signature..... (Applicant)

(.....)

Date.....