



Graduate Programs, International College of Medicine, Thammasat University

Doctor of Philosophy & Master of Science in Bioclinical Sciences

(Academic year 2020) (Round 3)

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 <input type="checkbox"/> No <input type="checkbox"/>
If yes: Examination date.....	Score.....
If no: Other English proficiency test	
<input type="checkbox"/>	TOEFL Examination date.....
<input type="checkbox"/>	PBT Score..... CBT Score..... IBT Score.....
<input type="checkbox"/>	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

8.1 Bioclinical Sciences

- | | | | |
|-----------------------------------|----------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Master | Education plan | <input type="checkbox"/> Plan A (1) | <input type="checkbox"/> Plan A (2) |
| <input type="checkbox"/> Doctoral | Education plan | <input type="checkbox"/> Plan 1 | <input type="checkbox"/> Plan 2 |

9. Major study area

9.1 Bioclinical Sciences

- Stem Cell and Regenerative Medicine
- Assisted Reproductive Technology
- Molecular Biology
- Microbiology and Immunology
- Pharmacology and Toxicology
- Epidemiology
- Drug Research and Development
- Nanomedicine

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				
Master's				
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 3 July 2020:

Graduate Program, Chulabhorn International College of Medicine,
Thammasat University, Rangsit Campus, 99 Moo 18 Phaholyothin Road,
KlongLuang Districts, Pathumthani, 12121, THAILAND

Applicant's signature.....

Date

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