Graduate Programs, International College of Medicine,
Thammasat University
Doctor of Philosophy & Master of Science
in Dermatology
(Academic year 2021)

Application for Admission

☐☐☐☐ ☐☐☐ ☐☐☐ **Application ID number** (Staff only)	Paste a one-inch photograph

First name – Last name .....

English Proficiency Test Record

English proficiency test

☐ TU-GET Examination date ..... …. ….Score……

☐ TOEFL Examination date……...

PBT Score…… CBT Score……..IBT Score……..

☐ IELTS Examination date……. Score……..…

☐ Other……

Examination date……. 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 Master of Science in Dermatology

☐ Clinical Dermatology Plan A 2 (Thesis)

☐ Cosmetic Dermatology Plan A 2 (Thesis)

8.2 Doctor of Philosophy in Dermatology

Plan A 1 (Thesis)

☐ 1.1 Pass Mc.S. (2 Year)

☐ 1.2 Pass Bc.S. (4 Year)

Plan A 2 (Thesis)

☐ 1.1 Pass Mc.S. (3 Year)

☐ 1.2 Pass Bc.S. (4 Year)

9. **Source of financial support during tenure of study**

☐ Work

☐ Parents

☐ Scholarship by……..

☐ Require scholarship

☐ During application process: specify source……

☐ Other ……

10. Education Record

Level	University/Institute	Degree granted / Field of Study	Period	GPA
Bachelor's				
Master's				
Other				

11. Employment Record

Position	Organization	Period

12. Office address .....……..……

……..….

Post-code..... Phone ……..… Fax. ……....……E-mail.....…...

13. Home address ……...…..…

……..…

Post-code..... Phone …….Fax. ……....……E-mail.....

14. 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 ☐ Medical License

☐ Internship certificate ☐ Curriculum vitae

☐ Three letters of recommendation (one from current supervisor)

☐ Other academic supporting document please specify

……..…….
(ex. publication, research experience, presentation, award or official supporting document)

15. Research Interest……..

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Notice: Copy of all online submitted documents have to send to CICM *via* postal address and reach CICM before 5 January 2021 :

Graduate Program, Chulabhorn International College of Medicine,
Thammasat University, Rangsit Campus, 99 Moo 18 Phaholyothin Road, KlongLuang Districts,
Pathumthani, 12121, THAILAND
E-mail : techno.cicm@gmail.com
Tel. 0-2564-4444 Ext. 4494 - 4495

Applicant's signature.....

Date ……..……..

Application Fee:

Paid by ☐ Bank account transfer. ……..……..

☐ Direct payment: Receipt No. …… Date……

Staff's signature ……..…….

(Staff only)