Graduate Programs, International College of Medicine

Thammasat University

Master degree of Social Gerontology

(Academic year 2020)

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…………

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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

   ☐ Plan A1 (Research Only)

   ☐ Plan A2 (Course Work and Thesis)

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 ☐ Curriculum vitae

☐ Other academic supporting document please specify…………………………………………………………..
(ex. publication, research experience, presentation, award or official supporting document)

☐ Proof of research experience document please specify…………………………………………………………..

☐ 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   14 March 2020 :

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

Applicant's signature..

Date …………………………………..………..