Graduate Programs, International College of Medicine,

Thammasat University

Master of Science & Doctor of Philosophy in Integrative Medicine Academic year 2027

Application for Admission

Paste a one-inch photograph

☐☐☐☐ ☐☐☐ ☐☐☐

Application ID number

(Staff only)

English Proficiency Test Record

Previous TU-GET examination record ☐ Yes ☐ No

If yes: Examination date……. Score……

If no: Other English proficiency test ☐ TOEFL Examination date…….

PBT Score…… CBT Score……. IBT Score…….

☐ 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

Integrative Medicine

☐ Master Education plan ☐ Plan A (1) This plan focuses solely on a Thesis

☐ Plan A (2) Coursework and Thesis The study plan

☐ 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.....

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14. Home address ……..…..…

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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
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 ☐ Bank account transfer. …….…….
☐ Direct payment: Receipt No. …… Date……

Staff's signature ……...…….