Graduate Programs, International College of Medicine, Thammasat University

Master of Science & Doctor of Philosophy in Translational Bioclinical Sciences and Innovation

(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**

8.1 Translational Bioclinical Sciences and Innovation (International Program)

☐ Master Education plan ☐ Plan A (1) ☐ Plan A (2)

☐ Doctoral Education plan ☐ Plan 1 ☐ Plan 2

9. **Major study area**

9.1 Translational Bioclinical Sciences and Innovation

☐ Product Development and Innovation in Health science

☐ Translational medicines

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 26 February 2027:

Graduate Program, Chulabhorn International College of Medicine,

Thammasat University, Rangsit Campus, 99/129 Moo 18 Phaholyothin Road,

KlongLuang Districts, Pathumthani, 12121, THAILAND

Applicant's signature.....

Date .....

Application Fee: ☐

Paid by ☐ Bank account transfer. ……

Direct payment: Receipt No. …… Date……

Staff's signature ……..…….