



ENROLLMENT INTENTION FORM

Postgraduate Program

Chulabhorn International College of Medicine

Academic Year 2018

Please complete the information below :

My name is

has been an eligible candidate to enroll in postgraduate program at Chulabhorn International College of Medicine, Thammasat University, academic year 2018

Master of Science Program in Dermatology (International Program)

Clinical Dermatology

Plan A 2

Cosmetic Dermatology

Plan A 2

Plan B

I certify that all information on this form is factual and that I intend to enroll in postgraduate program (International Program) at Chulabhorn International College of Medicine, Thammasat University, academic year 2018

Signature (Applicant)

(.....)

Date