



ENROLLMENT INTENTION FORM
Postgraduate Program
Chulabhorn International College of Medicine
Academic Year 2024 (Round 2)

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 2024.

Integrative Medicine (International Program)

- Master of Science in Integrative Medicine
- Doctor of Philosophy in Integrative Medicine

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 2022

Signature..... (Applicant)

(.....)

Date.....