



**Graduate Programs, International College of Medicine,
Thammasat University**

**Master of Science & Doctor of Philosophy
in Integrative Medicine
(Academic year 2026)**

Application for Admission

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Application ID number							
(Staff only)							

Paste a one-inch
photograph

English Proficiency Test Record	
Previous TU-GET examination record	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes: Examination date.....	Score.....
If no: Other English proficiency test	<input type="checkbox"/> TOEFL Examination date.....
	PBT Score..... CBT Score..... IBT Score.....
	<input type="checkbox"/> IELTS Examination date..... Score.....
	<input type="checkbox"/> 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) ☐ Plan A (2)
- ☐ 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
.....

Post-code..... Phone Fax. E-mail.....

15. Attached Supporting Document (Scan document or 300 dpi photograph)

- | | | |
|---|--|---|
| <input type="checkbox"/> Recent photograph (~1 inch) | <input type="checkbox"/> I.D. card or Passport | <input type="checkbox"/> English proficiency test |
| <input type="checkbox"/> Academic transcripts | <input type="checkbox"/> Degree certificate | <input type="checkbox"/> Curriculum vitae |
| <input type="checkbox"/> Other academic supporting document please specify.....
(Ex. Publication, letter or official supporting document) | | |
| <input type="checkbox"/> Proof of research experience document please specify.....
.....
(Optional requirement for M.Sc. Plan A (1) and Ph.D. Plan 1) | | |
| <input type="checkbox"/> 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