



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

**Master of Science & Doctor of Philosophy  
in Integrative Medicine  
(Academic year 2-2024)**

**Application for Admission**

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

Paste a one-inch photograph
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<b>English Proficiency Test Record</b>	
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.....

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.....<br>(Ex. Publication, letter or official supporting document)                |  |   |
| <input type="checkbox"/> Proof of research experience document please specify.....<br>.....<br>(Optional requirement for M.Sc. Plan A (1) and Ph.D. Plan 1) |  |   |
| <input type="checkbox"/> GR002 General Request for.....<br>.....<br>(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 .....

<b>Application Fee:</b>	
<b>Paid by</b>	<input type="checkbox"/> Bank account transfer. ....
	<input type="checkbox"/> Direct payment: Receipt No. .... Date.....
Staff's signature .....	