



**ENROLLMENT INTENTION FORM**  
**Postgraduate Program (International Program)**  
**Chulabhorn International College of Medicine**  
**Academic Year 2025**

Please complete the information below :

My name is \_\_\_\_\_

has been an eligible candidate to enroll in Postgraduate Program (International Program) at Chulabhorn International College of Medicine, Thammasat University, academic year 2025.

**1. Master of Science in Dermatology**

- |                          |                      |                                    |
|--------------------------|----------------------|------------------------------------|
| <input type="checkbox"/> | Clinical Dermatology | Plan A 2 (Course work with thesis) |
| <input type="checkbox"/> | Cosmetic Dermatology | Plan A 2 (Course work with thesis) |

**2. Doctor of Philosophy in Dermatology**

**Plan 1 (No course work with thesis only)**      **Plan 2 (Course work with thesis)**

- |                          |                         |                          |                         |
|--------------------------|-------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | 1.1 Pass Mc.S. (2 Year) | <input type="checkbox"/> | 2.1 Pass Mc.S. (3 Year) |
| <input type="checkbox"/> | 1.2 Pass Bc.S. (4 Year) | <input type="checkbox"/> | 2.2 Pass Bc.S. (4 Year) |

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 2025.

Signature ..... (Applicant)

(.....)

Date .....