



ENROLLMENT INTENTION FORM

Postgraduate Program (International Program)

Chulabhorn International College of Medicine

Academic Year 2026

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

☐ Clinical Dermatology Plan A 2 (Course work with thesis)

☐ 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)**

☐ 1.1 Pass Mc.S. (2 Year)

☐ 2.1 Pass Mc.S. (3 Year)

☐ 1.2 Pass Bc.S. (4 Year)

☐ 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 2026.

Signature (Applicant)

(.....)

Date