



**Graduate Programs, International College of Medicine,  
Thammasat University  
Doctor of Philosophy & Master of Science in Dermatology  
(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"/>
<b>Application ID number</b>							
(Staff only)							

Paste a one-inch photograph
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**First name – Last name** .....

English Proficiency Test Record	
English proficiency test	<input type="checkbox"/> TU-GET Examination date .....Score.....
	<input type="checkbox"/> TOEFL Examination date.....
	PBT Score..... CBT Score.....IBT Score.....
	<input type="checkbox"/> IELTS Examination date..... Score.....
	<input type="checkbox"/> Other.....
	Examination date..... 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**

8.1 Master of Science in Dermatology

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

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

8.2 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)

**9. Source of financial support during tenure of study**

☐ Work

☐ Parents

☐ Scholarship by.....

☐ Require scholarship

☐ During application process: specify source.....

☐ Other .....

**10. Education Record**

Level	University/Institute	Degree granted / Field of Study	Period	GPA
Bachelor's				
Master's				
Other				

**11. Employment Record**

Position	Organization	Period

**12. Office address** .....

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

**13. Home address** .....

.....

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

**14. Attached Supporting Document (Scan document or 300 dpi photograph)**☐ Recent photograph (~1 inch) ☐ I.D. card or Passport ☐ English proficiency test☐ Academic transcripts ☐ Degree certificate ☐ Medical License☐ Internship certificate ☐ Curriculum vitae☐ Three letters of recommendation (one from current supervisor)☐ Other academic supporting document please specify.....  
(ex. publication, research experience, presentation, award or official supporting document)

15. Research Interest.....  
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Graduate Program, Chulabhorn International College of Medicine,  
Thammasat University, Rangsit Campus, 99 Moo 18 Phaholyothin Road, KlongLuang Districts,  
Pathumthani, 12120, THAILAND  
E-mail : [derm.admission@gmail.com](mailto:derm.admission@gmail.com)  
Tel. 0-2564-4444 Ext. 4232

Applicant’s signature.....

Date .....

Application Fee:

Paid by

☐ Bank account transfer. ....

☐ Direct payment: Receipt No. .... Date.....

Staff’s signature .....

(Staff only)