



**Graduate Programs, International College of Medicine,  
Thammasat University  
Doctor of Philosophy & Master of Science in Dermatology  
(Academic year 2025)**

Application for Admission

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

<b>English Proficiency Test Record</b>	
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

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(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 : [cicm.dermatology2@gmail.com](mailto:cicm.dermatology2@gmail.com)  
Tel. 0-2564-4444 Ext. 4232

Applicant's signature.....

Date .....

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