



Application for Admission of International students

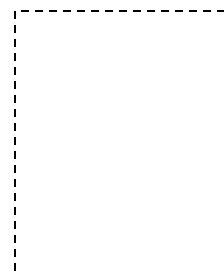
1. ADMISSION INFORMATION

I wish to apply for:

Program Name:

If other, please specify:

Department: Academic Year:



2. APPLICANT INFORMATION

Name:
Title First Name Middle Name Family Name

Gender: Marital Status:

Date of Birth: Nationality:

Passport No: Expiry Date:

Email:

Permanent Address:

The same as Permanent Address:

Current Address:

3. EDUCATIONAL BACKGROUND

| Educational level | Name and address of Institution | Year and Month of Entrance | Year and Month of Completion | Diploma or Degree awarded / Major subject |
|----------------------------|-----------------------------------|----------------------------|------------------------------|---|
| <i>Undergraduate Level</i> | <i>Name:</i> <i>Location:</i> | | | |
| <i>Graduate Level</i> | <i>Name :</i> <i>Location:</i> | | | |
| | <i>Name :</i> <i>Location:</i> | | | |

4. MEDICAL LICENSURE

Medical License Number:

Year obtained: Issued by:

5. TRAININGS & WORKS: *Begin with the most recent, if applicable.*

| Trainings & Works | Period | Responsibility |
|-------------------|--------|----------------|
| | | |
| | | |

6. AWARDS & ACHIEVEMENTS: *if applicable*

7. ENGLISH PROFICIENCY

| | |
|---|--|
| Reading: Writing: Speaking: Listening: | Is English your first language? Is English the main language spoken in your home? Were your studies at university conducted in English? English Language Proficiency Test : Obtained Score: Test Date: |
|---|--|

8. PROFICIENCY OF OTHER LANGUAGES

| Language | Evaluate your language level |
|----------|------------------------------|
| | |
| | |
| | |

9. PERSON TO BE NOTIFIED IN APPLICANT'S HOME COUNTRY IN CASE OF EMERGENCY

Name:

Address:

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Phone Number: Email:

Occupation: Relationship:

10. FINANCIAL RESOURCE (For study at Mahidol University)

Do you get support for scholarship/grant by any organization?

Type of Support:

Name of organization: Country:

Contact Person: Position:

Address:

Phone Number: Email:

11. DECLARATION & CONSENT TO DISCLOSURE

11.1) I authorize the Faculty of Medicine Siriraj Hospital, Mahidol University to conduct an investigation of my education history and criminal background check. I hereby state that the information I have provided to the Faculty of Medicine Siriraj Hospital, Mahidol University is true and complete. In the event of course application, enrollment, and training, I understand that false, misleading or omitted information given in application documents or interviews may result in dismissal or termination of training.

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11.2) I agree that the faculty shall have the right to use my personal data for the purpose of applying which might include transfer of data and personal information to its related parties.

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Applicant's signature: