

### POST-GRADUATE SCHOLARSHIPS FOR INTERNATIONAL STUDENTS

**FACULTY OF ASSOCIATED MEDICAL SCIENCES, CHIANG MAI UNIVERSITY**

# APPLICATION FORM

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| **INSTRUCTIONS:**  This application form is composed of three parts (part A to part C). Part A and B should be completed by the candidate and part C by the Major Advisor and Chairman of Graduate Program Committee. **Each question must be answered clearly and completely. Detailed answers are required in order to make the most appropriate arrangements.** The Faculty will then forward two copies of the certified application forms to the Major Advisor and Office of Student Service Sector.  **DOCUMENTS REQUIREMENT:**  **Check List:**  1. A photograph (1 inch. size, taken within 6 months before application) □  2. A copy of Transcript or education profile (B.S. or M.S. transcript) □  3. A copy of English-language proficiency test scores □  4. A copy of passport □  5. A copy of CMU Student ID card □  6. A copy of SCB’s bank account (only CMU branch or Faculty of Medicine CMU branch) □ | | | | | | | | | | | | | | | | | | Please attach  Photograph here  1 inch | | | |
| **Proposed field of study**: | | | | | | | | | | | | | | | | | | | | | |
| A. PERSONAL HISTORY | | | | | | | | | | | | | | | | | | | | | |
| **Title** | **Family name (as shown in passport)** | | | | | | | | **Given names** | | | | | | | | | | | **Gender** | |
| □ Mr.  □ Mrs.  □ Ms. |  | | | | | | | |  | | | | | | | | | | | □ Male  □ Female | |
| City and country of birth | | | Nationality | | | | | | Date of birth (DD/MM/YY) | | | | | Age | | □ Single  □ Married | | | | Religion | |
|  | | |  | | | | | |  | |  | |  |  | |  | |
| Current address (in Thailand): | | | | | | | | | | | | | | | | | | | | | |
| Telephone No: | | | | | | | | | Email : | | | | | | | | | | | | |
| **Languages**: | | | | READ | | | | | | **WRITE** | | | | | | | **SPEAK** | | | | |
| Mother tongue: | | | | Excellent | Good | | Fair | | | Excellent | | | Good | | Fair | | Excellent | | Good | | Fair |
| English | | | | □ | □ | | □ | | | □ | | | □ | | □ | | □ | | □ | | □ |
| Other: | | | | □ | □ | | □ | | | □ | | | □ | | □ | | □ | | □ | | □ |
| **English Proficiency Test:** □ TOEFL Score     □ IELTS Score     □ Other  Approved on (DD/MM/YY)    /       / | | | | | | | | | | | | | | | | | | | | | |
| **Education Record** | | | | | | | | | | | | | | | | | | | | | |
| Education Institution | | City / Country | | | | Years Attended | | | | | | Degrees, Diplomas  and Certificates | | | | | | Special fields of study | | | |
| From | | To | | | |
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| Have you ever been trained in Thailand? If yes, what course, where and for how long? | | | | | | | | | | | | | | | | | | | | | |
| List of your publications/researches in the references format (if any) | | | | | | | | | | | | | | | | | | | | | |

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| **B. EMPLOYMENT RECORD** |
| **Present or most recent post: (If any)**  Dates from       to |
| Title of your post: |
| Name of organization: |
| Type of organization: |
| Official address: |
| **Previous post: (If any)**  Dates from       to |
| Title of your post: |
| Name of organization: |
| Type of organization: |
| Official address: |
| Description of your previous and/or present works including your responsibilities, if any (Please continue on supplementary pages if necessary) |
| PLEASE READ THE FOLLOWING AND SIGN I understand that with holding pertinent information requested in this application form or intentionally giving false information will make me automatically ineligible for application consideration. I hereby certify that all information given in this form is true.  Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name: (      )  Date: |
| C: SUPPORTING DOCUMENTS |
| □ Qualify □ Not qualify other comments:Major Advisor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name: (      ) Date:□ Qualify □ Not qualify other comments:Chairman of Graduate Program Committee’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name: (      ) Date: |
| Duly completed application form should be forwarded to:Office of Student Service Sector, Secretariat OfficeFaculty of Associated Medical Sciences, Chiang Mai University2nd Floor of 7 Story-Building, 110 Intawaroros Rd.,Sripoom, Muang, Chiang Mai, THAILAND 50200Tel. +6653-93-5075www.ams.cmu.ac.th |