

### 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 attachPhotograph here1 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, Diplomasand Certificates | Special fields of study |
| From  | To |
|       |       |      |      |       |       |
|       |       |      |      |       |       |
|       |       |      |      |       |       |
| 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 SIGNI 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 Office Faculty of Associated Medical Sciences, Chiang Mai University 2nd Floor of 7 Story-Building, 110 Intawaroros Rd., Sripoom, Muang, Chiang Mai, THAILAND 50200 Tel. +6653-93-5075 www.ams.cmu.ac.th |