



APPLICATION FOR ADMISSION
Master Degree Program in Health Development
Faculty of Medicine, Chulalongkorn University
Bangkok 10330, Thailand

I. Personal Information

Name (in English): Mr. Mrs. Miss
(FIRST NAME) (LAST NAME)

Name (in Thai): นาย นาง นางสาว

Identification Number:

Passport Number

Date of Birth:/...../..... Age:..... Place of Birth:

Nationality: Religion: Marital status: Single Married Divorced

Mailing Address:

Home:

Office:

Mobile: Telephone: Business Phone:

Fax: E-mail:

II. Financial Aid

Self-supported Sponsoring Institution (Specify).....

III. Program: Master of Sciences in Health Development / Specialization Block Preferred:

- Clinical Epidemiology
- Health Professional Education

IV. How did you learn about Master Degree Program in Health Development?

- My Boss A friend or relative Brochure
- Poster at exhibition Internet Others

V. Education:

List in chronological order all colleges and universities attended.

School/College/University	Field/Branch	Year Completed	G.P.A	Honor
.....
.....
.....
.....

VI. Language/Ability

Your Mother Tongue is

English Test Score if known: (The test must be within the last two years)

TOEFL

IELT

CU-TEP

Other (Pleased specify)

Enter below the appropriate letter by using the code below to indicate your level of English language knowledge.

Understand	Speak	Read	Write

Understanding of spoken language

- A I understand at the level of university instruction.
- B I understand well enough to engage in normal conversation.
- C I understand simple daily usage.

Reading ability

- A I can read and understand without difficulty all technical material in my field.
- B I can read and understand with some difficulty all technical material in my field.
- C I can read and understand newspaper articles and similar material.

Speaking ability

- A I speak at the level of university discussion.
- B I speak well enough to engage in normal conversation.
- C I speak adequately to meet limited social needs.

Writing ability

- A I can write technical papers and report easily.
- B I can write technical reports with some difficulty.
- C I can write ordinary correspondence.

Caution: Please note that the indication of English language ability you have given may be subjected to confirmation by a language proficiency test.

VII. Employment Record

Present			
Years of service	from	to	List your specific duties and responsibilities
Exact title of your post			
Name and address of employer			
Type of employment <input type="checkbox"/> Public service <input type="checkbox"/> Private <input type="checkbox"/> Teaching/Research <input type="checkbox"/> Other			
Previous posts			
Years of service	from	to	List your specific duties and responsibilities
Exact title of your post			
Name and address of employer			
Type of employment <input type="checkbox"/> Public service <input type="checkbox"/> Private <input type="checkbox"/> Teaching/Research <input type="checkbox"/> Other			
Years of service	from	to	List your specific duties and responsibilities
Exact title of your post			
Name and address of employer			
Type of employment <input type="checkbox"/> Public service <input type="checkbox"/> Private <input type="checkbox"/> Teaching/Research <input type="checkbox"/> Other			

III. References

Name two persons acquainted with your academic and/or professional experience. Give a set of the attached recommendation forms to each, to be returned directly.

Name and Title	Address
.....
.....
.....

X. Personal Statement

Prepare a brief but careful statement regarding: 1) reasons you want to do graduate work in this field, 2) your specific interest and experiences in this field, 3) your career plans.

(For additional space, attach a separate sheet in DUPLICATE)

Date..... Signature.....

RECOMMENDATION FORM
Master Degree Programme in Health Development
Faculty of Medicine, Chulalongkorn University

Application: Fill in top page, then give the form to referee. Your name should be listed here as it appears on your application form.

Date.....

Name of applicant.....Degree sought.....

Proposed Graduate ProgramSpecialization Block

Deadline for completion of application.....

Signature of Applicant

Please comment on the applicant's ability to carry on advanced graduate study and research, his/her general character, stability, and preparation for a successful career in the chosen field. Compare applicant to others you have known in this field. Mail completed form to the Dean of Faculty of Medicine, Chulalongkorn University, Bangkok, 10330, Thailand. Your prompt reply will be sincerely appreciated.

I would rank this student in the top % of approximately students I have taught inyears.

	Upper 1 or 2%	Upper 10% but not upper 1 or 2%	Upper 25% but not upper 10%	Upper half but not Upper 25%	Lower half	No Basis for Judgment
Breadth of General Knowledge						
Ability in Oral Expression						
Ability in Written Expression						
Perseverance						
Emotional Maturity						
Imagination and Probable Creativity						
Potential as a Teacher						

Name (print)

Institution Position

Address

Signature

Date

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Imagination and Probable Creativity						
Potential as a Teacher						

Name (print)

Institution Position

Address

Signature

Date

**ADMISSION MATERIALS REQUIREMENTS FOR ADMISSION
Master Degree Programme in Health Development
Faculty of Medicine, Chulalongkorn University**

All applicants must:

- 1) Submit all pages of the enclosed application and take responsibility for the submission of all supporting documents to:

Clinical Epidemiology Unit, 5th floor
Anandhamahidol Bldg. Faculty of Medicine
Chulalongkorn University, Rama IV Road.
Bangkok 10330. THAILAND
Telephone (66) 2256-4477 # 145
Fax (66) 2256-4477 # 0
- 2) Submit two official transcripts from each college or university attended.
- 3) Provide official English test scores of at least TOEFL 500 / or IELTS 5.0 / or CU-TEP 60.
- 4) Submit two academic recommendations (Use forms enclosed).
- 5) Take full responsibility for seeing that all supporting documents are received at the Dean's Office before the appropriate deadline. All application materials become the property of the Faculty of Medicine, Chulalongkorn University and may not be returned or forwarded to other institutions.
- 6) Applications who are granted fellowship by WHO or other institutions must submit letter of fellowship award.
- 7) Foreign applicants who receive no fellowship support must, in addition to all of the above, provide a financial statement. No foreign application will be considered without this.

Remarks:

- 1) Applicants are encouraged to write to the Dean, Faculty of Medicine for further information about the programme, and any additional admission requirements.
- 2) Only the Dean of the Faculty of Medicine has authority to admit or deny admission.
- 3) If admitted, registration at the Graduate School of the University is required. The applicants must comply with rules and regulations of the Graduate School, Chulalongkorn University over registration, tuition fee, evaluation and granting of the degree.

DOCUMENTS REQUIRED WITH APPLICATION
Master Degree Programme in Health Development
Faculty of Medicine, Chulalongkorn University

(Check box in front of document)

1. Application Form with 1x1 inch photo
2. One extra 1x1 inch photo (write name and field of study on back of photo)
3. Copy of identification card/ or passport
4. Copy of marriage certificate/name change documents (If any)
5. Copy of academic record (Bachelor's Degree/Master's Degree)
6. Document proving work experience
7. Copy of English Test Results
8. Other Document.....

Number of documents enclosed with application

(For copied documents, please sign each document certifying that it is a true copy.)

I swear that all documents submitted are true and correct.

Signature

Date