



Mahidol University
Faculty of Medicine Siriraj Hospital

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MAHIDOL UNIVERSITY
THE FACULTY OF MEDICINE SIRIRAJ HOSPITAL
APPLICATION FOR ADMISSION TO
BACHELOR OF PROSTHETICS AND ORTHOTICS
(INTERNATIONAL PROGRAM)

*Complete all sections using **BLOCK LETTERS**

1. PERSONAL INFORMATION

Family Name Given Name (s)

Title Date of Birth Gender
Mr. Ms. Mrs. Day Month Year M F

2. ADDRESS IN HOME COUNTRY

Number and Street

City/Town State Country Postcode

Telephone Fax Email

3. CORRESPONDENCE ADDRESS (if different from address in home country)

Number and Street

City/Town State Country Postcode

Telephone Fax Email

4. WORKING ADDRESS

Number and Street

City/Town State Country Postcode

Telephone Fax Email

5. CITIZENSHIP

Country of Nationality/Citizenship

Passport Number Expiry Date

6. EDUCATION RECORD

Provide details of relevant academic qualifications.

Degree Granted	Field of Study	Institution	Country	Year of Graduation/ ISPO registration no.

7. PREREQUISITES

- Non-native English speaker TOEFL score or IELTS score
 Native English speaker SAT score with a math score of

Remark: Applicants whose English language skills are not sufficient for immediate acceptance may be advised to study in the Pre-college Program. Applicants who successfully complete the Pre-College Program will be eligible for acceptance into the regular program.

8. PREREQUISITES

Will your tuition fee be paid by any organization? Yes No

Name of Sponsor

Documents Required for Application

- A completed application form (the form can be downloaded at www.sspo.ac.th)
- Scanned copy of **ISPO Category II certificate with registration number.**
- **Transcripts record/ academic information** from previous institutes which details of each subject and score must **over than 60% or grade C.**
 - If the score lower than 60%, please attach the conformation letter of grading guideline from you institutes to inform that your score equivalent to grade C.
 - If your Institutes **did not on our qualified countries** as follow, please send your **curriculum details** to us for approve credit transfer by Mahidol University. You might take the program more than 2 years.
- Scanned copy of passport
- English certificate
- Record of employment
- At least 2 professional references with recommendation letters (1 employer, 1 instructor)

9. WORKING AFTER GRADUATION

- Lecturer at
 CPO/Working Position at
 Other (Please clarify):

10. DECLARATION

I declare, to the best of my knowledge, that the information I have supplied in this application and the supporting documentation are correct and complete. I acknowledge that the provision of incorrect information or documentation relating to my application may result in cancellation of any offer of enrollment by Mahidol University.

Applicant's Signature _____

(_____)

Date _____

Return this form and attachments to:

Mr. Chaiyapruek Prueksunan/ Dr. Nisarath Opartkiattikul

Sirindhorn School of Prosthetics & Orthotics (SSPO)

Faculty of Medicine Siriraj Hospital, Mahidol University

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Bangkok 10700 Thailand

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