



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 SCIENCE IN PROSTHETICS AND ORTHOTICS
(INTERNATIONAL PROGRAM)

*Complete all sections with **BLOCK LETTERS**

1. PERSONAL INFORMATION

Family Name Given Name
 Title Date of Birth Age Gender
Mr. Ms. Mrs. Day Month Year M F

2. ADDRESS IN HOME COUNTRY (Postcode is required)

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 (IF ANY)

Number and Street
 City/Town State Country Postcode
 Telephone Fax Email

5. CITIZENSHIP

Country of Nationality/Citizenship
 Passport Number Expiry Date

6. EDUCATION HISTORY

Provide details of relevant academic qualifications.

Degree Granted	Field of Study/Major	Institution Name	Country	Year of Graduation

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

Contact Person Email

9. WORKING EXPERIENCE (IF ANY)

Position	Institute/Company Name	Country	Start Date	End Date

10. EXPECTED WORKING POSITION AFTER GRADUATION

- Lecturer at
- CPO at
- Other (Please clarify):

12. 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 _____

(_____)

Submit this form and attachment to:

- 1. Ms. Jinjutha Phromjid Email: jinjutha.phr@mahidol.edu
- 2. Mr. Ittipol Pongphanruam Email: ittipol.pon@mahidol.edu

Date _____