

Application form to apply for Dome Med Star

Please read the accompanying Guidelines for Applicants. The Completed form should be returned to:

Student Affairs Unit, 3rd Floor, Kunagorn Building, Faculty of Medicine, Thammasat University

Or emailed to: panadda_rojpibulstit@hotmail.com

Application Reference Number:

All need to fill in English only

1. Personal Details			
Title (Mr/Mrs/Ms/Miss) (นาย/นางสาว)	Surname/Family Name ชื่อ	First Name(s)/Given Name นามสกุล	Gender – Male /Female เพศ- ชาย/หญิง
Year and Track of study:		Date of Birth (dd/mm/yyyy):	
		Previous Surname (if applicable)	
Correspondence address (This address will be used for all correspondence)		Permanent Home Address (if different from correspondence address)	
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<hr/>		<hr/>	
Postcode		<hr/>	
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Mobile number		<hr/>	
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Other contact number		<hr/>	
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Email address		<hr/>	
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4. Details of previous research experience (if any). (including with Title, objective, result and discussion within 350 words) *Continue on a separate sheet if necessary.*

4. Research Interest:. It is an optional in case that you have field / project of your interest.

Continue on a separate sheet if necessary.

Please provide details of the general research area in which you would like to undertake research. (It is not necessary to have a fully formulated proposal at this stage)

Give a brief synopsis (c.500 words) of your personal research project and interest. The main thrust of this section should be the research problems or questions you intend to address.

You should use the following headings to structure your case:

1. Brief title for your proposed programme of research
2. Your reasons and purposes for undertaking this project
3. Your research project
4. Training and Preparation

5. Further Information

Please answer the following question:

1. What is your goal for attendance with Dome Med Star Project?

DECLARATION

I declare that the information on this form is correct. I understand that any offer of a place is subject to my acceptance of the Dome Med Star Project's terms and conditions. I accept that if I do not fully comply with these requirements, Faculty of Medicine TU reserves the right to cancel my application.

I agree that Faculty of Medicine TU may record and process the information contained in this form for statistical and administrative reasons.

Applicant's Signature:

Date:

PLEASE SEND THE APPLICATION ALONG WITH YOUR PORTFOLIO.