

CUMcd Application SAMPLE STEP 1: Sign up an application form

| \$ | TEP 1 : Sign up an application form | STEP 2 : Upload docun |
|---|-------------------------------------|-----------------------|
| CU-MEDi Admission (I) Yes Yes | | |
| I. Personal Information | | |
| Name Mr. | * Last name | |
| Thai Name (If available) 🗸 | นามสกุล | |
| Thai National ID number/ Passport Numb | er * | |
| Date of Birth: * mm/dd/yyyy 🗖 Age | Place of Birth * City, Country | |
| Nationality * | | |
| Current Address: | | |
| ○Home ○Office | | |
| Address 1 * | | |
| Address 2 | | |
| State/Province * | Postal code Country * | |
| Mobile * Country code * Number | | |
| Alternative phone 1 * Country code * Numb | Relationship to the Applicant | |
| Alternative phone 2 Country code Number | | |
| Email * | Confirm Email * |] |



iments STEP 3 : Pay the application fee

CUMccⁱ Application SAMPLE STEP 1: Sign up an application form

STEP 1: Sign up an application form STEP 2: Upload documents STEP 3: Pay the application fee

| CU-MEDi Admission (I) Yes Yes I. Personal Information | |
|---|--------------------|
| Name Mr. * First name * Last name | |
| Thai Name (If available) 🗸 ชื่อ นามสกุล | |
| Thai National ID number/ Passport Number * | |
| Date of Birth: * mm/dd/yyyy 🗂 Age Place of Birth * City, Country | |
| Nationality * | |
| Current Address: O Home O Office | |
| Address 1 * | |
| Address 2 | |
| State/Province * Postal code Country * | In case of the app |
| Mobile * Country code * Number | |
| Alternative phone 1 * Country code * Number Relationship to the Applicant | |
| Alternative phone 2 Country code Number | |
| Email * Confirm Email * | |

plicant's own number, please fill in "self."

SAMPLE STEP 1: Sign up an application form

| STEP 1 : Sign up an application | form | STEP 2 : Upload documents | STEP 3 : Pay the appl |
|---------------------------------|------|---------------------------|-----------------------|
|---------------------------------|------|---------------------------|-----------------------|

CU-MEDi Admission (I) Yes Yes

II. Education:

List in all colleges and universities attended in chronological order.

| Level | Year Completed | Degree | Institution |
|---------------------|---------------------------------|--------|-------------|
| Bachelor's ✓ | * 20xx | * | * |
| 🗸 | 20xx | | |
| ¥ | 20xx | | |
| · v | 20xx | | |
| ¥ | 20xx | | |
| TS Candidate Number | / TOEFL Appointment Number | | |
| MCAT * score Tes | t Date * mm/dd/yyyy 🗂 🛛 AAMC IE | * | |
| Letters of Recommen | dation | | |
| | | | |

Name two persons acquainted with your academic and/or professional experience. The applicant may put the alternative name. If the program does not receive a letter of recommendation from one of the first two names, the letter from the third name will be considered.

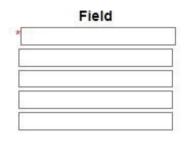
| Name | Email Address | Company/Institute |
|------|---------------|-------------------|
| 1 * | * | * |
| 2 * | * | * |
| 3 | | |

I declare that I am physically and mentally fit and free of the medical conditions or disabilities that would be an obstacle to studying or practicing medicine, as stated in the Chulalongkorn University Announcement on Admission to the Doctor of Medicine (International Program) for the Academic Year 2024

I hereby declare that the information provided is true and correct. I consent the Faculty of Medicine, Chulalongkorn University to verify the above information with appropriate agencies/organizations. I also understand that any willful dishonesty may render for refusal of this application or immediate termination of admission.



lication fee



| | GPA | | |
|---|-----|---|--|
| L | | | |
| F | | - | |
| Ē | | | |
| Γ | | | |

Relationship to the Applicant

| _ | |
|---|--|
| | |

CUMcoⁱ Application SAMPLE STEP 1: Sign up an application form

| CU-MEDi Admission (I) Yes Yes | | | |
|--|---|---------------------------------------|---|
| II. Education: | | | |
| List in all colleges and ur | niversities attended in chronological | order. | |
| Level | Year Completed | Degree | Institution |
| Bachelor's 🗸 | * 20xx | * | * |
| ¥ | 20xx | | |
| 🗸 | 20xx | | |
| 🗸 | 20xx | | |
| ~ | 20xx | | |
| III. Language Proficience English Test Score: | ✓ score Test Date mm/dd/yg | | |
| English Test Score: | score Test Date mm/dd/yg r / TOEFL Appointment Number | the ap Howev | event that the score has r plication form, please fill in ver, please make sure to C (GMT+7) |
| English Test Score: | ▼ score Test Date mm/dd/y | the ap Howev | plication form, please fill i |
| English Test Score: | score Test Date mm/dd/yy r / TOEFL Appointment Number est Date * mm/dd/yyyy AAMC | the ap Howev | plication form, please fill in ver, please make sure to |
| English Test Score: IELTS Candidate Number IV: MCAT *score re V: Letters of Recomment Name two persons acqua | Score Test Date mm/dd/yy TOEFL Appointment Number AAMC AAMC Addion ainted with your academic and/or pro- | the app Howev at 13:00 | plication form, please fill in ver, please make sure to |
| English Test Score: IELTS Candidate Number IV: MCAT *score feature V: Letters of Recomment Name two persons acquativo names, the letter from | Score Test Date mm/dd/yy TOEFL Appointment Number AAMC AAMC andation | the app Howev at 13:00 | plication form, please fill in ver, please make sure to O (GMT+7). |
| English Test Score: IELTS Candidate Number IV: MCAT *score feature V: Letters of Recomment Name two persons acquativo names, the letter from | score Test Date mm/dd/yy r / TOEFL Appointment Number est Date *mm/dd/yyyy AAMC ndation ainted with your academic and/or promithe third name will be considered. | the ap the ap Howev at 13:00 | plication form, please fill in ver, please make sure to O (GMT+7). may put the alternative name. If the progra |

I declare that I am physically and mentally fit and free of the medical conditions or disabilities that would be an obstacle to studying or practicing medicine, as stated in the Chulalongkorn University Announcement on Admission to the Doctor of Medicine (International Program) for the Academic Year 2024

□ I hereby declare that the information provided is true and correct. I consent the Faculty of Medicine, Chulalongkorn University to verify the above information with appropriate agencies/organizations. I also understand that any willful dishonesty may render for refusal of this application or immediate termination of admission.

cation fee

| Field | GP |
|-------|----|
| * | |
| | |
| | |
| | |
| | |

peen released on the date of submitting ending."

mit the score within 4th March 2024

ease see <u>page 9</u> for further suggestions.

s not receive a letter of recommendation from one of the first

Relationship to the Applicant

| 0 | | | |
|---|--|--|---|
| | | | _ |
| | | | |

CUM Application SAMPLE STEP 1: Sign up an application form

| | STED 4 | Cion un an annligation | | |
|--------------------------------|--|---------------------------|---|---|
| | STEPT | Sign up an application | | |
| CU-MEDi Admission (I) Yes Yes | | | | |
| II. Education: | | | (ETS) TOEFL IBT | Test Taker Score Report |
| List in all colleges and unive | ersities attended in chronologica | l order. | Name: | |
| Level | Year Completed | Degree | Last (Family/Surname) Name, First (Given) Name Middle Name Email: | |
| Bachelor's 🗸 | | * | Gender: Appointment Number | |
| V | | | Date of Birth: | ······ |
| V | | | | L |
| V | | | | |
| V | | | | |
| III. Language Proficiency | | | | Inst. Code Dept. Co |
| III. Language Fronciency | | | Country of Birth: | |
| English Test Score: | ✓ score Test Date mm/dd/y | лууу 🗖 | Native Language: Test Center: | |
| IELTS Candidate Number / | TOEFL Appointment Number | | Test Center Country: | |
| TEETS Galiuldate Multiber / | | | 19 T | Security Identification |
| | | | ID Type: ID No.: | Issuing Country: |
| IV: MCAT * score Test | Date * mm/dd/yyyy | CID* | THIS IS A PDF SCORE REPORT, DOWNLOADED AND PRI | NTED BY THE TEST TAKER. |
| V: Letters of Recommend | ation | | November 23, 2019 Test Date Scores | MyBestTM Scores Your highest section scores from all valid test dates, as of November 26, 2019. |
| | ted with your academic and/or p the third name will be considered | | Total Score Reading: 18 o | Sum of Highest Section Scores Reading: Test Date: 18 0 |
| Nam | | Email Address | 83 120 | Nov 23, 2019 |
| 1 * | | * | out of 120 Listening: 25 o | ▼ 30 83 Listening: Test Date: Nov 23, 2019 25 0 |
| 2 * | | * | | out of 120 |
| 3 | | | Speaking: 18 ₀ | 30 Speaking: Test Date: Nov 23, 2019 |
| | | | | Writing: |
| | | | Writing: 22 ₀ | 30 Test Date: 22 0 Nov 23, 2019 |
| | ically and mentally fit and free of | | L | |
| Announcement on Admissio | on to the Doctor of Medicine (Inte | emational Program) for th | | ed when one or more sections have not been administered. es are not included in MyBest™ calculations. |
| L boroby doclars that the | e information provided is true and | Correct I consent the Fa | | |

| Genter Number: | de exercut fa jale 19(5 jou jalue, 50 deg) | Date: | tekipu vijopityf enjevetis vekt | Candidate | Alter and the second seco |
|--------------------|--|------------|---------------------------------|--------------------------|--|
| Candidate Details: | | | | | |
| First Name | | | | | $[\Omega]$ |
| Last Name | | | | | (|
| Candidate ID: | | | | | L-—7 |
| Date Of Birth: | | Sex (M/F): | s | theme Code: | |
| Country: | | | | | |
| Nationality: | | | | | |
| Language: | | | | | |
| Test Results: | | | | | |
| Listening: | Writing: Read | ing: | Speaking: | Overall Band Score | C E FR Le vel |
| Administrator Comm | ents: | | Centerst | | Validation stamp: |
| | | | Ce me i su | amp. | |
| | | | | | |
| | | | | | |

Dept. Code

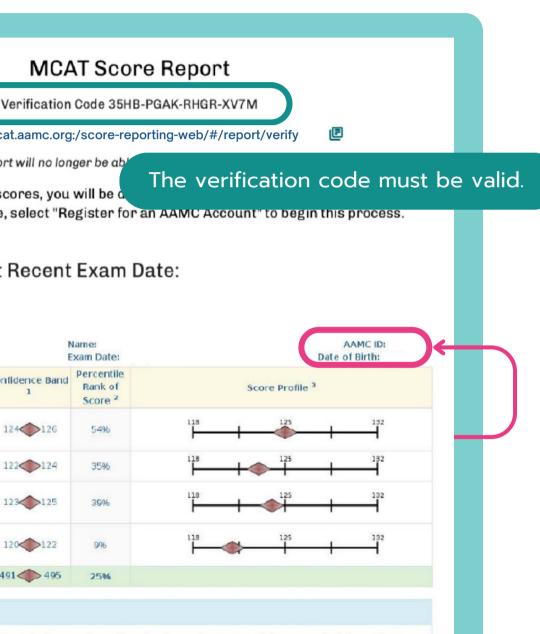
Page 5/9

CUMcd Application SAMPLE STEP 1: Sign up an application form

| | STEP | I : Sign up an application form ST | | | MC |
|--|--|---------------------------------------|---|----------|-----------------------|
| CU-MEDi Admission (I) Yes Yes II. Education: | | | | (| Verificatio |
| List in all collogos and uni | versities attended in chronologic | al order | URL * ht | tps:// | /mcat.aamc.c |
| List in all colleges and uni | versities attended in chronologic | ai older. | * | This r | eport will no l |
| Level Bachelor's 🗸 | Year Completed * 20xx 20xx 20xx | Degree ∗ | In order to verify When visiting t | | |
| V | | | | Mo | st Recer |
| III. Language Proficiency English Test Score: | | /yyyy 📫 | AAMC | | |
| IELTS Candidate Number | / TOEFL Appointment Number [| | Section | Score | Confidence Ba |
| IV: MCAT * score Tes | st Date * mm/dd/yyyy 🗖 🗛 🕅 | | Chemical and Physical Foundations of Biological Systems | 125 | 124 126 |
| V: Letters of Recommen | dation | | Critical Analysis and Reasoning Skills | 123 | 122 |
| | inted with your academic and/or the third name will be considered | professional experience. The applican | Biological and Biochemical Foundations of Living Systems | 124 | 123 125 |
| 1 * | | Email Address | Psychological, Social, and Biological Foundations of Behavior | 121 | 1200122 |
| 2 * | | * | MCAT Total | 493 | 491 495 |
| 3 | | | Notes | | |
| | signific and providing fit and free. | | ¹ Test scores, like other measu | urements | , are not periectly p |

I declare that I am physically and mentally fit and free of the medical conditions or disabilities Announcement on Admission to the Doctor of Medicine (International Program) for the Academic

I hereby declare that the information provided is true and correct. I consent the Faculty of Me understand that any willful dishonesty may render for refusal of this application or immediate terr



Page 6/9

¹Test scores, like other measurements, are not perfectly precise. The confidence bands around test scores mark the ranges in which the test taker's true scores probably lie. The diamond shapes and shading show that the test taker's true scores are more likely to be their reported scores (in the second

²The percentile ranks of scores are the percentages of test takers who received the same scores or lower scores. The percentile ranks are updated on May 1 every year to reflect the results from the three most recent previous calendar years.

column) than the other scores in the confidence bands.

⁹For the four sections, non-overlapping confidence bands show a test taker's likely strengths and weaknesses. Overlapping confidence bands suggest that there are not meaningful differences in performance between sections.

CUM Application **PLE STEP 1 : Sign up an application form**





STEP 1: Sign up an application form STEP 2: Upload documents STEP 3: Pay the application fee

The application has been submitted successfully.

Your application code is <u>11xxxx</u> (Please keep this code for reference in the next process.)

The application will be processed within 5 working days after the application fee has been paid.

To log in the application page for uploading supportive documents, please use the application code and your ID/ Thai National ID number or passport number (1xxxxxxxxxxxxxx)

Do you want to upload the supportive documents now?

Yes (Go to STEP 2 Upload Documents)

No (Back to CU-MEDi Admission Page)



APPLICATION FOR ADMISSION Doctor of Medicine (International Program) Page 7/9

Faculty of Medicine, Chulalongkorn University Bangkok 10330, Thailand

CUNCO Application SAMPLE STEP 2: Upload docum

| STEP 1 : Sign up an application form STEP 2 : Upload documents STEP 3 : Pay the application fee | |
|---|--|
| * When the document has been uploaded, any changes cannot be made. Application code 11XXXX (Mr.XXX XXXX) | |
| Document name: Photo Choose File No file chosen Upload File | 6 Document name: Statement of purpose Choose File No file chosen Upload File |
| 2 Document name: ID card or passport Choose File No file chosen Upload File | 7 Document name: Curriculum Vitae Choose File No file chosen Upload File |
| 3 Document name: Academic qualification documents (Bachelor's degree only) Choose File No file chosen Upload File Upload File | 8 Document name: Others (Please specify) Choose File No file chosen Upload File |
| 4 Document name: English proficiency test results Choose File No file chosen Upload File | 9 Document name: Others (Please specify) Choose File No file chosen Upload File |
| 5 Document name: MCAT test results (with verification code) Choose File No file chosen Upload File | 10 Document name: Others (Please specify) Choose File No file chosen Upload File |

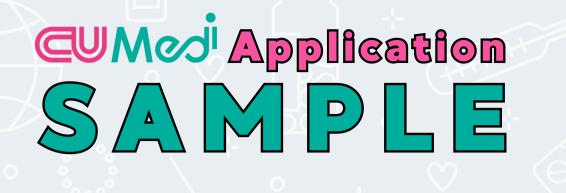
| | | Page 8/9 |
|-------|--|----------|
| nents | | |
| A | | |

| Wheel Application SAMPLE STEP 2: Uploa | documents Page 9/9 |
|---|---|
| STEP 1 : Sign up an application form STEP 2 : Upload documents STEP 3 : Pay the application fee * When the document has been uploaded, any changes cannot be made. Application code 11xxxx (Mr.XXX XXXX) 1 Document name: Photo Choose File No file chosen Upload File | Don't forget to click "Upload File." |
| 2 Document name: ID card or passport Choose File No file chosen Upload File 3 Document name: Academic qualification documents (Bachelor's degree only) Choose File No file chosen Upload File | 7 Document name: Curriculum Vitae Choose File No file chosen Upload File 8 Document name: Others (Please specify) Choose File No file chosen Upload File |
| Image: | 9 Document name: Others (Please specify) Choose File No file chosen Upload File |
| 5 Document name: MCAT test results (with verification code) Choose File No file chosen Upload File | 10 Document name: Others (Please specify) Choose File No file chosen Upload File |

If the score report has not been released, please don't upload anything in the (4) or/and (5).

The test confirmation may be uploaded in the (8), (9), or (10).

Upon receipt of the score report, the score report can be additionally uploaded in the (4) or/and (5) by 4th March 2024 at 13:00 (GMT+7).



For more information

or scan here







For any other inquiries, please contact

Call: +662-256-4721, 4722 Ext 12,15

E-mail: cu-medi@chula.md

(Mon-Fri, 8:00 a.m. - 5:00 p.m. UTC+7, Except public holidays)