



Confirmation/ Withdrawal of Enrollment

Mahidol University, Faculty of Dentistry, Doctor of Dental Surgery Program (International Program)

(Faculty of Dentistry - Mahidol University International College Collaboration)

Academic Year 2022

My Name is (Mr. / Ms.)..... Date of Birth (DD/MM/YY): .....

Identification No. / Passport No. .... Currently study/ graduate at .....

Current Home Address.....

Mobile Phone No. .... Email address .....

☐ I acknowledge of the acceptance to the Doctor of Dental Surgery Program (International Program), Faculty of Dentistry, Mahidol University (Faculty of Dentistry - Mahidol University International College Collaboration) (direct admission). I would like to confirm the enrollment in the program for academic year 2022, and signed this form as evidence. Any changes if occur will be notified to Mahidol International Dental School as soon as possible.

☐ I acknowledge of the acceptance to Doctor of Dental Surgery Program (International Program) (Faculty of Dentistry - Mahidol University International College Collaboration) Academic Year 2021 and would like to waive the right of attending this program and signed this form as evidence.

Signature..... Candidate

(.....)

Signature..... Legal Guardian

(.....)

Signature..... Witness

(.....)

Date.....