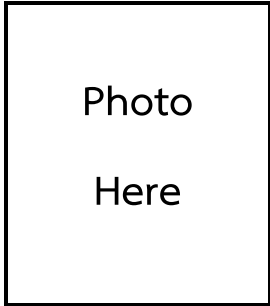




**Application Form**  
**Doctor of Dental Surgery Program (International Program)**  
**(Faculty of Dentistry - Mahidol University International College**  
**Collaboration) Direct Admission by Faculty of Dentistry**  
**(Academic Year 2021)**



*(PLEASE FILL OUT THE INFORMATION CLEARLY AND ACCURATELY USING YOUR OWN HANDWRITING OR TYPE IN CAPITAL LETTERS.)*

1. Applicant's Information			
1.1	Title:	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss	
1.2	First Name:	.....	
1.3	Last Name:	.....	
1.4	Identification No. / Passport No.:	.....	
1.5	Date of Birth (DD/MM/YY):	.....	
1.6	Contact No.:	.....	
1.7	E-mail Address:	.....	
1.8	Home Address:	..... ..... .....	
1.9	Mailing Address:	<input type="checkbox"/> SAME AS ABOVE <input type="checkbox"/> Other Address: ..... .....	
2. Educational Information			
2.1	Graduates from Bachelor of Science (Biological Science Program), Mahidol University International College		
	GPAX: ..... (No need to fill in No. 2.2, please skip to No.3)		
2.2	Current students in the final year of Bachelor of Science (Biological Science Program), who are expected to graduate in the academic year 2020 from Mahidol University International College.		
	GPAX: .....		
3. English Proficiency Test(s) (Optional)			
3.1	IELTS	Scores: .....	Test Date: .....
3.2	TOEFL (iBT)	Scores: .....	Test Date: .....
3.3	TOEIC	Scores: .....	Test Date: .....

4. Father's Information		
4.1	Name: .....	
4.2	Occupation: .....	
4.3	Contact No.:	.....
4.4	E-mail Address:	.....
4.5	Home Address/	<input type="checkbox"/> SAME AS APPLICANT'S
	Mailing Address:	<input type="checkbox"/> Other Address: ..... .....
5. Mother's Information		
5.1	Name: .....	
5.2	Occupation: .....	
5.3	Contact No.:	.....
5.4	E-mail Address:	.....
5.5	Home Address/	<input type="checkbox"/> SAME AS APPLICANT'S
	Mailing Address:	<input type="checkbox"/> Other Address: ..... .....
6. Emergency Contact		
6.1	Name: .....	
6.2	Relationship to applicant: .....	
6.3	Contact No.:	.....

**DECLARATION**

I verify that the information given in this application form is true to the best of my information and belief. I understand that if I willfully give any false information or withhold any material information in this application form, or fail to notify the School of subsequent change of information provided, it will render me liable to disqualification from the admission.

Applicant's Signature.....

Applied Date ...../ ...../.....

## A Checklist on Completion of Application Form

*(To be submitted together with the application form)*

<b>Applicant's Name:</b> .....		
<i>Applicant must check the following items carefully:</i>		
No.	Details	Checklist
1.	A 1x1 inch photo in a formal-student uniform, straight-faced photo (no hat, no sunglasses), with a blue background. A photo must be taken less than 6 months and not digitally modified.	<input type="checkbox"/>
2.	A Copy of Identification Card/ Passport	<input type="checkbox"/>
3.	A Copy of Name Change Certification (Only if the different name/last name is presented in the documents required for application)	<input type="checkbox"/>
4.	A Copy of House Registration	<input type="checkbox"/>
5.	<b>Graduation Status</b> Certificate of Graduation (only for the graduates who their degree are granted from MU's Council.)	<input type="checkbox"/>
6.	<b>Studying Status</b> Certificate of student status (For the students who are expected to graduate in academic year 2020.)	<input type="checkbox"/>
7.	An Official Transcript	<input type="checkbox"/>
8.	A Curriculum Vitae (CV)	<input type="checkbox"/>
9.	A Personal Statement	<input type="checkbox"/>
10.	An Official IELTS/ TOEFL (iBT)/ TOEIC scores <b>(Optional)</b>	<input type="checkbox"/>
11.	The bank deposits slip for the application fee <b>(Online banking cannot be accepted)</b>	<input type="checkbox"/>

Applicant's Signature.....

Applied Date ...../ ...../.....