Application Form
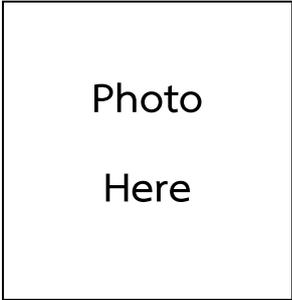
Doctor of Dental Surgery Program (International Program)

(Faculty of Dentistry - Mahidol University International College

Collaboration) Direct Admission by Faculty of Dentistry

(Academic Year 2026)

Photo

Here

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

1. Applicant's Information		
1.1	Title: ☐ Mr.　　☐ 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	Email Address:	....
1.8	Home Address:	
		....
		....
1.9	Mailing Address:	☐ SAME AS ABOVE
		☐ 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 2025 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	Email Address:	....
4.5	Home Address/ Mailing Address:	☐ SAME AS APPLICANT'S
		☐ Other Address: ....
		....

5. Mother's Information		
5.1	Name:	
5.2	Occupation:	
5.3	Contact No.:	....
5.4	Email Address:	....
5.5	Home Address/ Mailing Address:	☐ SAME AS APPLICANT'S
		☐ Other Address: ....
		....

6. Emergency Contact	
6.1	Name: ....
6.2	Relationship to applicant: ....
6.3	Contact No.:	....

DECLARATION

I hereby certify that the information provided in this application form is true and correct to the best of my knowledge and belief. I understand that if I willfully provide any false information, withhold any material information, or fail to notify the School of any subsequent change in the information provided, I shall be disqualified from the admission process.

Applicant's Signature...

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

A Checklist on Completion of Application Form

(To be submitted together with the application form)

| Applicant's Name: .... |

Applicant must check the following items carefully:		

No.	Details	Checklist
1.	A completed application form with applicant's signature **(Glued your photo on the application form)**	☐
2.	A photocopy of identification card **OR** a photocopy of passport with the applicant's signature	☐
3.	A certified copy of name change with the applicant's signature **(Only if the different name/last name is presented in the documents required for application)**	☐
4.	A photocopy of the house registration for Thai applicants **OR** a photocopy of proof of residence in Thailand for non - Thai applicants with the applicant's signature	☐
5.	A photocopy of university diploma with the applicant's signature **OR** a certificate of graduation **(original one)**	☐
6.	A certificate of student status for current students who are expected to graduate in academic year 2025 **(original one)**	☐
7.	A certified letter for applying the Doctor of Dental Surgery Program (International Program) **(original one)**	☐
8.	An official transcript **(original one)**	☐
9.	A Curriculum Vitae (CV)	☐
10.	A statement of purpose	☐
11.	A photocopy of an official TOEFL or TOEIC or IELTS score with the applicant's signature **(optional)**	☐
12.	The bank deposits slip for the application fee **(Online banking cannot be accepted)**	☐

Applicant's Signature...

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