



Confirmation/ Withdrawal of Enrollment

Mahidol University, Faculty of Dentistry, Doctor of Dental Surgery Program  
(International Program) Academic Year 2026

Name (Mr. / Ms.) ..... Examination ID. ....

Identification No. .... Mobile No. .... Email: .....

Current Address.....

.....

I acknowledge of the acceptance to the Doctor of Dental Surgery Program (International Program), Faculty of Dentistry, Mahidol University (direct admission). I would like to confirm the enrollment in the program for academic year 2026, and signed this form as evidence. Any changes if occur will be notified to Mahidol International Dental School as soon as possible.

I have been on the waiting list no. .... to Doctor of Dental Surgery Program (International Program), Faculty of Dentistry, Mahidol University (direct admission). I would like to make a commitment to Faculty of Dentistry, Mahidol University.

I would like to waive the right of attending this program and signed this form as evidence.

Signature.....

(.....)

**Candidate**

Signature.....

(.....)

**Witness/ Legal Representative**

Date.....

\*Remark: 1. Accepted Applicants are under 20 years old, legal representative's signature is required.

2. MIDS will contact committed applicants on the waiting list as soon as the seat is available.

3. Submit the completed form to [dtddsinter@mahidol.ac.th](mailto:dtddsinter@mahidol.ac.th) by *Thursday, January 22, 2026 before 12:00 p.m.*