



Med.BUU. Application Form to the Clinical Experience Course for International Students

Please complete all the information requested. Please write “None” if not applicable.

Full Name with Middle Initial in English according your passport	Surname:			PHOTO 1-inch Photo (Not over than 6 months)
	Given Name:			
Country of citizenship		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of birth (y/m/d)		Place of birth	Country _____ City _____	
Passport No.		Valid until (y/m/d)		
Religion		Marital Status		
Major of Applying	<p>You are the medical student year, <input type="checkbox"/> Short-Term Clinical Elective Clerkship, <input type="checkbox"/> Observer ships <input type="checkbox"/> Others</p> <p>(Please identify the department: 1、 _____ 2、 _____ 3、 _____ Others _____ time from (D/M/Y) _____ to (D/M/Y) _____ (If you have the professor name who you have been contact, please identify.)</p>			
Tel & Cell phone		E-mail		
Address				
Zip Code		Tel/Fax		

Educational background* required

Please tell me about your education which you feel confident or familiar with, we appreciate all of the general education phase, the pre-clinic phase and clinic phase.

The expectation of the course (Before Action Reviews) * required

Please briefly write your aims or the expectation for this course in order to set the program according to your mention. You also need to tell, what do you make the own plan to reach you goal.


Language proficiency (Good/Average/None)

Chinese	Exclude for the naive English language person	HSK: _____ ; BCT: _____
English		TOEFL(score)_____ ; GMAT_____ ; GRE_____ ; IELTS_____ Others _____
Thai		Chulalongkorn University Thai proficiency Test of Thai as a Foreign language (CU-TFL) Level <input type="checkbox"/> Distinguished <input type="checkbox"/> Superior <input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Novice <input type="checkbox"/> None
Other		

Certified or Recommended by * required

Certified or Recommended by	(Need the name and signature of the person who certified or recommended such as the dean or the student adviser)	Contact person (for the emergency case)	
Address		Tel/Fax/ email	

Financial Support

<input type="checkbox"/> Self-support	Guarantor's name: Relationship with the applicant: Address: _____ Tel/fax: _____ Guarantor's signature : 
<input type="checkbox"/> Scholarship	Scholarship name: Provided by: _____ Contact person : _____ Tel/Fax: _____ E-mail: _____

I hereby affirm that:

1) All information and materials provided are factually true and correct. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation or expulsion, should the information I've certified be false.

2) During my stay in Thailand, I shall abide by the laws and decrees of the Thai government, and will not participate in any activities which are deemed to be adverse to the social order in Thai and are inappropriate to the capacity as a student;

3) During my study in Thai, I shall observe the rules and regulations of the university, and will concentrate on my studies and researches, and will follow the teaching programs provided by the university.

Applicant's Signature:  _____ **Date:** _____

The application is invalid without the signature.

Applicant should also submit the followings documents.

- (1) Trip Insurance with the document of the Rabies prophylaxis certificate, Burapha University recommend vaccine (non-Thai)
- (2) Transcripts of records
- (3) English Level Certificate (as if)
- (4) Valid passport copy (non-Thai student)/ Identification copy (Thai)
- (5) The student identification card
- (6) The official letter which sign by Dean
- (7) Other document (As if) _____

PS. We appreciate to serve the medical student from our collaboration institutes under the MOU first.