



Application No. _____

2.0"× 1.5"
Photo taken
within the past
12 months

CHULABHORN GRADUATE INSTITUTE (CGI)

Form App01: Application for Graduate Admission

A. Application for Admission

1. Proposed field of study: Applied Biological Sciences – Environmental Health
 Environmental Toxicology
 Chemical Biology
2. Degree/Level: Master Diploma
 Doctoral

B. Personal Information

1. Name & Surname (in Thai) นาย/นาง/นางสาว _____
(in English) Mr./Mrs./Ms. _____
first middle last
 Female Male Date of birth _____ Blood group _____
day month year
2. Mailing address _____
number street
district province country postal code
3. Permanent address _____
number street
district province country postal code
4. Phone _____ Fax _____
country code area/city code number country code area/city code number
5. Email address _____
6. *International students please complete the following:*
Place of birth _____ Nationality _____
city country
Country of citizenship _____ Country of residence _____
Passport number _____ Date of issue _____
day month year
Place of issue _____ Date of expiry _____
day month year
Marital status: Single Married Number of children _____
Will your spouse and/or your children accompany you? Yes No

C. Education Record

1. Education background

Level	University/Institute	Degree/Field of study	Years attended	GPA
Bachelor				
Master				

2. Thesis topic in Master's degree (if applicable): _____

3. Please list all awards, scholarships and special achievements including major publications: _____

D. Employment Record

1. Current occupation/work _____ Department/Company _____

Division _____ Ministry _____

Address _____

2. Employment history

Position	Organization/Place	Years	
		From	To

E. English Language Proficiency

Please indicate which one(s) of the English language proficiency tests you have taken or plan to take.

- TOEFL: Date taken or to be taken: _____ Scores: _____
- IELTS: Date taken or to be taken: _____ Scores: _____
- CU-TEP: Date taken or to be taken: _____ Scores: _____
- Others (Please specify): _____ Date taken or to be taken: _____ Scores: _____

F. Financial Support

Please indicate whether financial aid/scholarship from CGI is requested:

- Yes (Please fill out Form App03) No

If not, please indicate your assured financial resources:

- Self support or Family
 Sponsor (e.g. funding agency)

Sponsor's name and address: _____

- Others (please specify) _____

G. Supporting Documents

- Transcript(s)
 Letters of Recommendation (at least two)

name	title	institution/company
name	title	institution/company
name	title	institution/company

- Medical Certificate
 Others (Please specify) _____

Please read the following and sign

I understand that withholding pertinent information requested in this application form or intentionally giving false information will make me automatically ineligible for admission to the Chulabhorn Graduate Institute and/or face immediate dismissal from the Institute. I hereby certify that my education and qualifications are in accordance with the admission requirements of the CGI and all information given in this form is true.

Applicant's Signature

Date