



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 Sciences
2. Degree/Level : Master Doctoral
3. Interview : Direct Interview or on Zoom

B. Personal Information

1. Name & Surname (in Thai) นาย/นาง/นางสาว _____
(in English) Mr./Mrs./Ms. _____
 Female Male Date of birth _____ Blood group _____
ID Number _____
2. Mailing address _____

3. Permanent address _____

4. Phone _____ Mobile phone _____
5. Email address _____
6. Place of birth _____ Nationality _____
Marital status: Single Married Number of children _____

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 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) _____

H. Emergency contact

Name _____

Relation _____

Mobile phone _____

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