# APPLICATION FORM

(EXCHANGE STUDENT)

# FACULTY OF MEDICINE RAMATHIBODI HOSPITAL, Mahidol University

# 270 RAMA VI road, Ratchathewi, BANGKOK 10400, THAILAND

#### tel: (662) 201-2763-4, fax (662) 201-2764 E-mail: [Kitisak.jan@MAHIDOL.ac.th](mailto:Kitisak.jan@MAHIDOL.ac.th)

Request to the Dean for permission to undertake an elective period of study, you are requested to fill in this form in **block letters.**

ATTACH PHOTO

HERE

**personal information**

First Name: ……………………………………….

MIDDLE NAME: …………………………………....

Last Name: ……………………………………….

Nationality: …………………………………….

Sex: [ ] Male [ ] Female

Marital status [ ] Single [ ] Married [ ] DIVORCED

Medical student Year………….… Medical school…………………………………………………………….…

date OF BIRTH (Day/Month/Year): ………………………………………………………………………….…..…….…

Country of citizenship: …………………………………………………………………………….…………….……….

Passport Number : ………………………….……….. Expiry date: ……………………..………………….…

Mailing Address : ……………………………………………………………………………………………...……

……………………………………………………………………………………………………………………..…….…….……

Telephone…………………….………..Fax………..………………………..E-mail………………………………........…

Permanent Address : ……………………………………………………………………………………………….…..

……………………………………………………………………………………………………………………..……….….……

Native LANGUAGE: ………………………….. Other LANGUAGEs: ……………………………………………..……..

Name and address of person to be notified in case of emergency.

name:………………………………………………………………relation:……………………………………..…………

address:………………………………………………………………………………………..………………….…………..…

……………………………………….……………………………………………………………………………..…………….…

TELEPHONE………………………………….…………Email address………………………………………….…..….…

**Length of Elective and DATES:**

from …………………………………….to……………………………………….

total of elective period ………………………………………weeks/months

State your preference of department (and sub specialty if applicable)

(Elective length should be at least 2 weeks per department/unit)

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Please Enclose 1. Letter OF ENDORSEMENT from your Medical school

1. Curriculum Vitae

3. A covering letter, INDICATING YOUR EXPECTATION OF AN

Elective at Faculty of medicine RAMATHIBODI HOSPITAL

4. english proficiency score (for non-native speakers)

5. Two recent passport-sized photographs

it is strongly preferred that you send the complete application document firstly as scanned copy by e-mail to [Kitisak.jan@MAHIDOL.ac.th](mailto:Kitisak.jan@MAHIDOL.ac.th) and original copy by post to the international relations section. failure to submit all required documentation may lead to delay in processing and, in some cases, postponement and cancellation of expected elective.

### Facilities, Rules and Regulations

**Accommodation**

* A Regular room at the Faculty’s dormitory has been reserved for student WHO’S in the exchange program (four bed sharing with others of the same sex).
* please note that, the maximum of early arrival is 2 days before starting date.

**Dresses code**

medical students MUST dress properly during studying or working in the hospital.

Male : white (or light color) shirt, trousers (dark colors) and shoes

Female : white (or light color) blouse or shirt, skirt (dark colors) and shoes

**Correspondence**

*The DEPUTY DEAN FOR International Affairs, FACULTY of MEDICINE RAMATHIBODI HOSPITAL WILL be responsible for the students’ electives within the faculty only. For other hospitals, foreign students must CONTACT DIRECTLY.*

**Supervision**

The clinical work is limited under supervision of the head of departments and the assigned supervisor.

**Contact**

On the first day of the elective, the student is SUPPOSED to meet DEPuty dean for international affairs at *the International relations section, sixth FLOOR, LECTURE hall BUILDING AT 8.30 A.M.*

***\* please NOTE THAT Medical INSURANCE IS NOT INCLUDED IN THIS program.***

**i HEREBY APPLY FOR ELECTIVE TRAINING AT THE fACULTY OF MEDICINE RAMATHIBODI HOSPITAL, MAHIDOL UNIVERSIty and I confirm that the information provided above is correct.**

Signature ………………………………….………………………...… Date …………..../ ………………./ ………….…..