OFFICE OF THE DEPUTY DEAN FOR INTERNATIONAL RELATIONS

PHOTO

Size 1x1.5”

Room no. 323, 3rd Floor, Building #59 (Jainadnarendhranusorn Building)

ST1 Form

2 Prannok Road, Bangkok-Noi, Bangkok, 10700 Thailand

Tel: 66-2-419-9465-6 Fax: 66-2-418-1621

e-mail: siirco@mahidol.ac.th, irsiriraj@gmail.com website: http://www.si.mahidol.ac.th/eng

**APPLICATION FOR AN ELECTIVE**

FIRST NAME: MIDDLE NAME: LAST NAME:

NATIONALITY: SEX: 🞎Male 🞎Female DATE OF BIRTH: AGE:

PASSPORT NUMBER: EXPIRY DATE: EXPIRY DATE:

MAILING ADDRESS:

TEL: FAX: EMAIL:

MEDICAL SCHOOL: COUNTRY:

ADDRESS:

CURRENT STUDY YEAR: 🌕Medical Student 🞎 1st 🞎 2nd 🞎 3rd 🞎 4th 🞎 5th 🞎 6th 🌕 Resident 🞎 1st 🞎 2nd 🞎 3rd 🞎 4th 🌕Fellow

PRIOR CLINICAL EXPOSURE: 🞎yes 🞎no DURATION OF CLINICAL EXPOSURE: years months

PRIOR RESEARCH EXPOSURE: 🞎yes 🞎no DURATION OF RESEARCH EXPOSURE: years months

LANGUAGE SPOKEN: LENGTH OF INTENDED ELECTIVE: weeks

INTENDED DATE OF ARRIVAL: INTENDED DATE OF DEPARTURE: ATE STATE YOUR PREFERENCE OF DEPARTMENT: please find more information via the next page.

1. 2. 3.

CONTACT PERSON IN CASE OF EMERGENCY:

NAME: RELATIONSHP:

TELEPHONE/MOBILE: EMAIL ADDRESS:

ADDRESS: FAX: