

Attachment of Admission Announcement 2023

Master of Science Program Administrative Committee

Faculty of Dentistry

Field of Study Geriatric Dentistry and Special Patients Care (International Program)

Program Master of Science

Program Code Plan A1

4	3	2	8
4	3	2	9

Thesis only

Program Code Plan A2

Coursework and Thesis

Qualification of Applicants

1. Hold a D.D.S or B.D.S or D.M.D. degree or equivalent from the University accredited by the Ministry of Education and/or the Dental Council of Thailand.
2. Obtain dental license from the Thai Dental Council or other dental licenses with equivalent standard considered by the Program Administrative Committee.
3. Have at least one year of working experience in dental practice for Program Code Plan A2 (Coursework and Thesis)
4. Have at least 3 years of working experience in dental practice or hold a Master's degree for Program Code Plan A1 (Thesis only)
5. The Program Administrative Committee reserves the rights to consider other qualifications that deem appropriate to be eligible for admission.
6. The program offers the thesis-only or research track for applicants who have interests in doing researche related to Geriatric and Special Patients Care and are not willing to attend course works. Final decision for admission is subjected to the Program Administrative Committee.

Application documents

1. An application form.
2. A certified copy of degree certificate.
3. A certified copy of academic transcript stating the graduation with Bachelor's degree and any higher degree(s) in dentistry.
4. English Proficiency
 - 4.1 For Program Code Plan A1 (Thesis only): a result of CU-TEP score of at least 67 or TOEFL ITP score of at least 525 or iBT score of at least 71 or IELTS score of at least 5.5 taken within 2 years.. **The examination scores must not exceed more than 2 years since the report date until the announcement of exam results. The test scores must be valid for at least 2 months in order to be approved by the Faculty Executive Committee.** or a Bachelor's or Master's degree from international (English) program.
 - 4.2 For Program Code Plan A2 (Coursework and Thesis): a result of CU-TEP score of at least 45 or TOEFL ITP score of at least 450 or iBT score of at least 45 or IELTS score of at least 4

taken within 2 years. The examination scores must not exceed more than 2 years since the report date until the announcement of exam results. The test scores must be valid for at least 2 months in order to be approved by the Faculty Executive Committee.

(Applicants with CU-TEP score of at least 30 or TOEFL ITP score of at least 400 or iBT score of at least 32 or IELTS least 3.0 may be admitted to the program but they have to meet the language proficiency requirement of the graduate school before Thesis Examination.)

5. A referral letter from original affiliation (institution or hospital) granting the applicant to study for at least 2 years.
6. A letter of recommendation from current or previous employer indicating at least one-year experience in patient care as a dentist
7. At least one letter of recommendation from dental professional, preferable the letter of recommendation from the current teaching faculty in accredited institutions.
8. 2 pages of personal statement showing student’s academic intention, strong and weak points, and expectation from the program (in English).
9. The Program Administrative Committee reserves the right to consider other qualifications that deem appropriate for admission.

Application period: 1 February – 31 March 2023		
Assessment	Date and time	Location
Interview	May 10, 2023 (1 - 3 PM)	Online interview https://chula.zoom.us/j/96893557133?pwd=T0hHUFJ3ZHo0WjZWRVdRZ2lEYSsxQT09 Meeting ID: 968 9355 7133, Password: 784203 Faculty of Dentistry, Chulalongkorn University

Note

1. Applicants must be physically and mentally healthy. A medical examination report and X-ray must be submitted to the committee on the interview day.
2. Contact Geriatric Clinic for any inquiries: Tel. (+66) 02-218-8812
3. Additional expenses for training at the Tokyo Medical and Dental University are approximate 70,000 baht per person (subject to inflation and currency exchange rate).
4. **How to apply:**
 - 4.1. Fill the online application form: www.register.gradchula.com. Registration > Login to your account.
 - 4.2 Pay the application fee of 1,000 Baht directly to Faculty of Dentistry via Kasikornbank Public Company Limited, Siam square branch, account number 026-2-70085-2.
 - 4.3 Submit the bank transfer slip and all required documents via E-mail
Email : graddentcu@chula.ac.th CC : geriatricdentcu@gmail.com
Please Indicate curriculum, field of study, and curriculum code submit all documents to the graduate studies office
5. Applicants giving false information or forgery will be found guilty of an offence under Criminal Code and will be prosecuted. If the applicants are later found being under-qualified, violating conditions and regulations, or falsifying or concealing information, they will be withdrawn from the study in graduate programs at Chulalongkorn University.
6. For research requirement: applicants in Program Code Plan A1 must have an international publication and those in Program Code Plan A2 have an international publication or international proceeding.
7. Chulalongkorn University offers the Scholarship Program for ASEAN Countries. The Guide and application form of “the Scholarship Program for ASEAN Countries” can be obtained from the website at : http://www.academic.chula.ac.th/newoaa/oaa_dag.html Contact: graddentcu@chula.ac.th

Applicants who do not have a report of English test score and consider taking CU-TEP, please find information and register for the test at <http://www.atc.chula.ac.th/>
The result of English test must be submitted by March 31, 2023

Expected enrollment number:	10 persons	} www.register.gradchula.com or www.dent.chula.ac.th/grad
Notification of eligible candidate for interview	April 30, 2023	
Notification of interview result	May 12, 2023	

For further information pertaining the admission, please contact
Geriatric Clinic, E-mail: geriatricdentcu@gmail.com

Approved by the Faculty of Dentistry Executive Board Meeting No. on.....

(Signed).....
Program Director
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(Signed)
Dean of Faculty of Dentistry
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