

Attachment of Admission Announcement

Higher Graduate Diploma in Clinical Sciences
(International Program)

Faculty of Dentistry

FIELD OF STUDY : Oral Surgery and Dental Implant

Program code Scheme 3867 Applicant with DDS

Qualification of Applicants

1. Hold a Doctor of Dental Surgery degree from the University accredited by the Ministry of Education and/or the Dental Council of Thailand.
2. Holding the dental license permitted in the country where the applicant graduated.
Obtain at least one year of working experience in dental practice.
3. CU-TEP score of at least 45 or TOEFL PBT/ITP 450 or TOEFL iBT 45 or IELTS score of at least 4.0 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 PBT/ITP score of at least 400 or TOEFL iBT 30 or IELTS score of at least 3.0 may be admitted to the program but they have to meet the language proficiency requirement of the graduate school before graduation.)
4. Possess qualifications complied with those announced by the Graduate College (to be announced yearly). The Program Administrative Committee reserves the rights to consider other qualifications that deem appropriate to be eligible for admission application.

Application documents

1. Certified copy of degree certificate. A certified copy of academic transcript stating the graduation with Doctor of Dental Surgery degree from the University accredited by the Ministry of Education and/or the Dental Council of Thailand, and any higher degree(s) in dentistry.
(Certified copy with applicant's signature is acceptable)
2. Result of English Proficiency test taken within 2 years (Certified copy with applicant's signature is acceptable). Applicants who obtain the CU-TEP score less than 30, TOEFL PBT/ITP 400, TOEFL iBT 30, and IELTS less than 3.0 are not considered for admission.
3. Copy of identity card or government identification card (Certified copy with applicant's signature is acceptable)
4. Certified copy of dental practice permit. (Certified copy with applicant's signature is acceptable).
5. At least one reference letter of working experience in dental practices.
6. GPAX score most than 2.7
7. Interesting topic for research study

FIELD OF STUDY : Oral Surgery and Dental Implant

Application period is April 1st – 23rd, 2023

Test Subject	Test Date and Time (Bangkok time)	Location
Interview	May 8 th 2023 / 9.00-12.00	Dental 1 Building, Faculty of Dentistry
Applicants who do not have a report of English test score and would like to take CU-TEP test, please find information and register for the test www.atc.chula.ac.th (Please submit your report of English test score on April 30 th , 2023.)		

- Expected Enrollment Number: 2 persons
- Notification of eligible candidate for interview } www.dent.chula.ac.th/academics/announcement
May 1st, 2023
- Notification of interview result } May 10th, 2023

Application procedure

1. Fill out the online application form at www.dent.chula.ac.th/academics/announcement
2. Pay the application fee of 1,000 Baht via Kasikornbank Public Company Limited, Siam square branch, account number 026-2-70085-2
3. Upload all documents within the application deadline (23.59 hrs.).

** Submitting false statements or falsifying documents is illegal and will result in prosecution of the wrongdoer. If subsequently discovered that the applicant does not meet the requirements or breach of contract or deliberately conceal data, the applicant will be automatically revoked the right to study at Faculty of Dentistry, Chulalongkorn University even if the applicant's name appears on the list of successful applicants of the graduate study, Chulalongkorn University.

For further information pertaining to applicant's qualifications, please contact Mrs. Piyachad Plianchotham
Department of Oral & Maxillofacial Surgery, Dental 1 Building, Room 102 Tel: 662-2188581

Approved by the Faculty of Dentistry Executive Board number...../..... on.....

(Signed)

Head of the Department

...../...../.....

(Signed).....

Dean of the Faculty of Dentistry

...../...../.....