Check list for Lerdsin Elective Program

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Check each box () and send the document back to us via e-mail with the completed of documents

 Check List for Lerdsin Elective Program

 Completed application form with attached photograph

 Letter of recommendation from the dean

 Photocopy of Passport

 Curriculum Vitae

 Medical school transcript

 Covering Letter indicating your expectation of an elective program

 Medical Examination Report signed by a health professional

 Proof of required vaccination (Mumps, Measles, Rubella, Varicella and Hepatitis B)

(Signature of student) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Full Name) ............................................................

(Date) ..........................................................