Certificate of Academic Record for Applicants

Doctor of Medicine Program, Faculty of Medicine Ramathibodi Hospital, Mahidol University

TCAS Admission System, Round 1 (Portfolio), Academic Year 2026 (B.E. 2569)

****

I, Mr./Mrs./Miss (Full Name) ....

Position ....

School/Institution ....

Address (House No.) .... District/Amphoe.........................Subdistrict/Tambon ....

Province .... Telephone....................................... Email: ....

Hereby certify that Mr./Mrs./Miss (Full Name) ....

National ID Number .... Student ID Number. ....

is an applicant to the Doctor of Medicine Program, Faculty of Medicine Ramathibodi Hospital, Mahidol University,

Academic Year 2026, under:

⚪ Doctor of Medicine Program

⚪ Doctor of Medicine – Master of Engineering Program

⚪ Doctor of Medicine – Master of Management Program

and possesses the following qualifications (please check ☑ the appropriate boxes):

1. Education status

   ☐ Currently studying in Year 13/ Grade 12 (Matthayom 6) and will graduate in Academic Year 2025

   ☐ Completed Year 13/Grade 12 (Matthayom 6) or equivalent in Academic Year (please specify) ....

2. Grade Point Average (GPAX)

   ☐ GPAX for 4 semesters = ... (for Round 1/1 applicants)

   ☐ GPAX for 5 semesters = ... (for Round 1/1 applicants)

   ☐ GPAX for 6 semesters = ... (for applicants who already graduated)

3. Transcript issuance for 5 semesters **by Friday, 14 November 2025** (B.E. 2568)

   ☐ Able to issue transcript for 5 semesters   ☐ Unable to issue transcript for 5 semesters

4. GPA for required subject groups (please specify, including both core and elective courses):

   (1) Biology = ...   (2) Chemistry = ...

   (3) Physics = ... or Mathematics = ...

5. Minimum credit requirements for each subject group upon program completion (if applicable, please specify):

   (1) Biology = ... credits   (2) Chemistry = ... credits

   (3) Physics = ... credits or Mathematics .... credits

   I hereby certify that all information above is true.

Signature ....

(   )

Position: School/Institution Director or Authorized Representative

(Please affix school stamp)

Date .... Month 2025 (B.E.2568)

Note: Please upload this signed certificate (together with transcript and exam results) as a scanned PDF file

in the online admission system of the Faculty of Medicine Ramathibodi Hospital.

มุ่งเรียนรู้ คู่คุณธรรม ใฝ่คุณภาพ ร่วมสานภารกิจ คิดนอกกรอบ รับผิดชอบสังคม