



Mahidol University
Faculty of Medicine Siriraj Hospital

Sirindhorn School of Prosthetics and Orthotics
Faculty of Medicine Siriraj Hospital, Mahidol University

ADMISSION ANNOUNCEMENT ROUND 2
Bachelor of Science in Prosthetics and Orthotics
(International 4-Year Program)
Academic Year 2019





Mahidol University
Faculty of Medicine Siriraj Hospital

Degree: Bachelor of Science in Prosthetics and Orthotics.

Class Size: Maximum of 1-2 students

Admission Requirements

- Must hold a high-school certificate (12 years) or equivalent (must be in scientific program).
- High motivation to serve physically challenged people.
- Pass the interview examination.
- A clear record of good conduct and the applicant must be in good health. No physical or mental impairments which will be obstacles to study the program of Bachelor of Prosthetics and Orthotics.
- Demonstration of English competency: Please note that all students must qualify one of the English standard score marks at the Mahidol University's regulation as follows:
 - TOEIC - 600 points
 - TOELF IBT (Internet base) - 64 points/TOELF PBT (Paper base) - 510 points
 - IELTS - 5.0 points

Remark:

1. The certificate of English competency can be submitted after the announcement of the qualified candidates but not later than May 2019.
2. In a case of an ineligible candidate, please attach an official letter to inform the reason and necessity. Final decision will be made by SSPO board committee.



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Documents Required

The candidate must submit all required documents before the application deadline.

1. A completed application form (the form can be downloaded at www.sspo.ac.th)
2. Transcript record/ academic information from High School (in English) indicating the details of each subject
3. Scanned copy of passport (Passport must be valid at least 4 years)
4. English certificate
5. Letter of intention to study in our program





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Tuition Fee

- **Tuition Fee:** 15,000 USD/ Academic year
- **International Student Group Health Insurance:** 92 USD/ Academic year

Additional Fee

- **Living Allowance (Approximate):** 5,000 – 6,000 USD/ Academic year
- **Visa Extension Fee:** 60 USD/ Academic year
- **Re-entry Permit Fee:** 30 USD for single-entry permit/ year or,
115 USD for multiple-entry permit/year.
- **University Dormitory Fee (Optional):** 300 USD/ Academic year

Remark

1. Tuition fee must be paid at least one month before the first semester starts
2. Student group health insurance shall not cover travel insurance.
3. Student must apply for Non-immigrant ED Visa to entry to Thailand.
4. Visa extension and re-entry permit fees above shall not include the entry visa application from student's country and also exclude the additional fees for required document or fine by the Immigration Office or related division under Thailand government laws and acts.



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Admission Schedule for Academic Year 2019

Activities	Date
Application period	3 - 18 January 2019
Announcement of eligible candidate	21 January 2019
Interview examination date	23 January 2019
Announcement of Qualified Candidates	8 February 2019
Announcement of Student Acceptance by Mahidol University	May 2019
Instruction begins	August 2019

***Remark**

1. Successful applicants will be required passing a general health check before final acceptance is granted.
2. Final decisions will be made by SSPO board committee.

SSPO Contact Persons (between 8.30 am - 4.30 pm (Bangkok Time/GMT+7.00)):

1. Ms. Jinjutha Phromjid

Email: jinjutha.phr@mahidol.edu or Tel. +66-2-419-3437

2. Dr. Thatchanan Manophetkasem

Email: thatchanan.mao@mahidol.edu or Tel. +66-2-419-3452



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Attach a recent
3 cm. x 4cm.
photograph
here securely

MAHIDOL UNIVERSITY
THE FACULTY OF MEDICINE SIRIRAJ HOSPITAL
APPLICATION FOR ADMISSION TO
BACHELOR OF SCIENCE IN PROSTHETICS AND ORTHOTICS
(INTERNATIONAL PROGRAM)

*Complete all sections using **BLOCK LETTERS**

1. PERSONAL INFORMATION

Family Name Given Name (s)

Title Date of Birth Gender

Mr. Ms. Mrs. **Day Month Year** **M F**

2. ADDRESS IN HOME COUNTRY (Postcode is required)

Number and Street

City/Town State Country Postcode

Telephone Fax Email

3. CORRESPONDENCE ADDRESS (if different from address in home country)

Number and Street

City/Town State Country Postcode

Telephone Fax Email

4. WORKING ADDRESS

Number and Street

City/Town State Country Postcode

Telephone Fax Email

5. CITIZENSHIP

Country of Nationality/Citizenship

Passport Number Expiry Date

6. EDUCATION RECORD

Provide details of relevant academic qualifications.

Degree Granted	Field of Study	Institution	Country	Year of Graduation/ ISPO registration no.

7. PREREQUISITES

- Non-native English speaker TOEFL score or IELTS score
 Native English speaker SAT score with a math score of

Remark: Applicants whose English language skills are not sufficient for immediate acceptance may be advised to study in the Pre-college Program. Applicants who successfully complete the Pre-College Program will be eligible for acceptance into the regular program.

8. PREREQUISITES

Will your tuition fee be paid by any organization? Yes No

Name of Sponsor

Documents Required for Application

- A completed application form (the form can be downloaded at www.sspo.ac.th)
- Scanned copy of **ISPO Category II certificate with registration number.**
- **Transcripts record/ academic information** from previous institutes which details of each subject and score must **over than 60% or grade C.**
 - If the score lower than 60%, please attach the conformation letter of grading guideline from you institutes to inform that your score equivalent to grade C.
 - If your Institutes **did not on our qualified countries** as follow,
 1. Sri Lanka School Of Prosthetics and Orthotics (**SLSPO**)
 2. Vietnamese Training Centre for Orthopedic Technologist (**VIETCOT**)
 3. Jakarta School for Prosthetics and Orthotics – **JSPO**
 4. Cambodia School of Prosthetics and Orthotics – **CSPO**
 5. Pakistan Institute of Prosthetic and Orthotic Sciences – **PIPOS**
 6. Department of Prosthetics and Orthotics, **University of Rwanda**

Please send your **curriculum details** to us for approve credit transfer by Mahidol University.
- Scanned copy of passport (Passport must be valid for over two years before arriving in Thailand)
- English certificate
- Record of employment
- At least 2 professional references with recommendation letters (1 employer, 1 instructor)

9. WORKING AFTER GRADUATION

Lecturer at

CPO/Working Position at

Other (Please clarify):

10. DECLARATION

I declare, to the best of my knowledge, that the information I have supplied in this application and the supporting documentation are correct and complete. I acknowledge that the provision of incorrect information or documentation relating to my application may result in cancellation of any offer of enrollment by Mahidol University.

Applicant's Signature _____

(_____)

Date _____

Submit this form and attachments to:

1. Ms. Jinjutha Phromjid

Email: jinjutha.phr@mahidol.edu

2. Dr. Thatchanan Manophetkasem

Email: thatchanan.mao@mahidol.edu



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RECOMMENDATION FORM

Application for academic year _____

Name and title of Referee: Title:
 First name:
 Middle name:
 Family name:

Position:	
Institution/Company:	
Postal Address and URL:	
Phone Number:	
Fax Number:	
email-address:	

Name of candidate:		
Dates of association with the candidate:		
Relationship with the candidate (teacher, advisor, employer, etc.)		

The candidate named above is applying for admission to Bachelor of Prosthetics & Orthotics (International) Upgrading Program for ISPO Category II of Sirindhorn School of Prosthetics & Orthotics, Faculty of Medicine Siriraj Hospital, Mahidol University. Candidates for the program are requested to submit letters of recommendation from two references to support application. To help us evaluate a candidate's potential, we kindly ask you to fill in the enclosed form and to prepare a letter of recommendation. Please consider the candidate to be in the following percentage of students you have encountered. Please summarize your opinion of the candidate's strengths and limitations in the matrix below. You will have the chance to provide a more detailed description on the next page. Thank you in advance for your kind contribution.

Evaluation	Truly Exceptional	Outstanding	Good	Average	Below Average
Academic record / Background					
Intellectual potential					
Technical skill (if applicable)					
Creativity / Originality					
Perseverance towards goals					
Motivation / Commitment					
Emotional maturity					
Social & communicative skills					
Adaptability / Flexibility					
Ability to work in team					
Ability to work independently					



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Additional information about the candidate:

Please give your opinion of the candidate's strengths and limitations for study or general performances on this page (or on a separate official letterhead or a PDF file of your additional recommendation letter)

- Summary**
- | | |
|---|---|
| <input type="checkbox"/> Strongly recommend | <input type="checkbox"/> Recommend with confidence |
| <input type="checkbox"/> Recommend | <input type="checkbox"/> Recommend with reservation |
| <input type="checkbox"/> Not recommended | |

Signature: _____
Name: _____
Date: _____

Important Note:

1. This recommendation letter will remain confidential during the admission process and will only be used in its procedures in admission and fellowships.
2. One of the referees would prefer to be the academic advisor in the previous educational institute. The other one would prefer to be the current employer.