



**Certification of Grades for Admission to Faculty of Medicine Siriraj Hospital, Mahidol University**  
**Thai University Central Admission System (TCAS) in Academic Year 2026**

Name ..... Executive position .....  
School / Academic institution .....  
Address ..... Province / State .....  
Country ..... Telephone .....  
Email .....

I hereby certify that Ms./Mr. ...., the applicant  
in Thai University Central Admission System, Mahidol University for Doctor of Medicine Program, Faculty of Medicine Siriraj  
Hospital has the qualifications as follows.

1. ☐ 1.1 Currently enrolled in the final year of secondary education (Mathayom 6 or Grade 12 in the American  
education system or Year 13 in the British education system) and eligible for graduation in academic  
year 2025

☐ 1.2 Completed secondary education or its equivalent during the academic year (please specify) .....

2. Academic program

☐ 4.00 Grading system ☐ A-Level ☐ International Baccalaureate (IB) ☐ Advanced Placement (AP)

3. GPAX equivalency

☐ GPAX of 4 semesters = ..... (For 1.1)

☐ GPAX of 6 semesters = ..... (For 1.2)

4. Subjects Grades

Biology = ..... Chemistry = ..... Mathematics = ..... Physics = .....

Signed .....

Director of School / Institute or representative

(Official seal affixed)