INSTRUCTIONS TO APPLICANTS FOR ADMISSION TO MASTER OF DENTAL SURGERY (MDS) RESIDENCY TRAINING PROGRAMMES

Please read the following completely and with care –

1. Application Package
   A complete set of application form comprises of the following –
   (a) Application form for admission to residency training programmes
   (b) Transcript Request Form
   (c) Form for Academic Referee Report
   (d) Acknowledgement Form
   (e) Application Checklist

   If you are missing any of the above documents, please contact our office.

2. Application form (refer 1a) and Application Fees
   The application form must be completed in English; and the supporting documents (e.g. dental degree certificates), if not in English, must be accompanied by copies of certified English translations.

   Application fee of Singapore Dollar $53.50 (inclusive of 7% Goods and Services Tax) should be attached to the application. Payment can be made via cheque or bank draft made out to "National University of Singapore". We regret that applications without payment enclosed will not be processed.

   **CHEQUE / BANK DRAFT**
   - Payable to "National University of Singapore"
   - Your name – write on reverse side of cheque/bank draft
   - Programme applied for – write on reverse side of cheque/bank draft
   - ‘Division of Graduate Dental Studies, Faculty of Dentistry’ – write on reverse side of cheque/bank draft

   Application forms and all supporting documents should reach us before the closing date on 30 November 2009. We regret that incomplete applications as well as application forms received after the closing date will not be considered. Please note that shortlisted applicants will be notified in February 2010. They will also be required to attend in person an admissions interview/ sit for a practical test to be conducted in March 2010.

3. Transcripts (refer to 1b)
   An official transcript of academic records is required from each university attended. You are responsible for requesting your transcript from the university concerned. Please use the attached transcript request form for this purpose. If you have attended more than one university, you should make photocopies of the transcript request form as required.

   Please complete the relevant section of the Transcript Request Form and forward it to the Registrar (or relevant person-in-charge) of the University from which you are requesting your transcript.

   Graduates from the National University of Singapore can apply for their transcripts online at the Registrar’s Office website at [http://www.nus.edu.sg/registrar/info/transcript.htm](http://www.nus.edu.sg/registrar/info/transcript.htm). For international graduates, if you wish to submit your transcript together with your application form, the official transcript must be enclosed in a sealed envelope with its flap bearing the security seal of the university and the signature of the Registrar or his representative.

   Transcripts must be directly sent by the University to the Division of Graduate Dental Studies, NUS and all supporting documents must be certified copies.

4. Academic Referee Report (refer to 1c)
   Recommendations from 3 academic referees who are dentists are required for each application. For overseas graduates, one of the academic referees must be from the Dean of the institute where the basic dental degree was conferred.

   Please use Form for Academic Referee Report.

   If you wish to submit your referee report together with your application form, each referee report must be enclosed in a SEALED envelope sent by the referee. Alternatively, the referees can send their reports DIRECTLY to the Division of Graduate Dental Studies.

5. Acknowledgement Form (refer to 1d)
   The acknowledgement form, with your name and address clearly printed or typed, should be returned with the completed application form.
6. **TOEFL scores/IELTS result**

Please request the TOEFL authorities (Educational Testing Service (ETS), PO Box 6151, Princeton, NJ 08541-6151, USA, Tel (609) 951-1100) or IELTS (University of Cambridge Local Examination Syndicate (UCLES), 1 Hills Road, Cambridge CB1 2EU, United Kingdom, Tel: 01223 55-3311) to send the "Official Score Report" directly to this University. Candidates who have not taken the TOEFL/IELTS should IMMEDIATELY register with the ETS or UCLES.

Applicants can either:-

(i) submit TOEFL/IELTS scoresheets certified by their universities with an original stamp; or

(ii) request the NUS Division of Graduate Dental Studies to certify their scoresheets if they are in Singapore; or

(iii) quote the code of Faculty of Dentistry as 9083 when requesting the ETS to send the TOEFL score sheets to the Division of Graduate Dental Studies, NUS.

7. **Submission of Application**

Please submit the completed application form, using Application Checklist (refer to 1e) as a guide, together with all the supporting documents (in English or translated to English) to:

Officer in Charge (MDS Admissions),
Division of Graduate Dental Studies,
Faculty of Dentistry, National University of Singapore,
National University Hospital,
5 Lower Kent Ridge Road,
Singapore 119074

PLEASE NOTE THAT ALL DOCUMENTS SUBMITTED WITH THIS APPLICATION WILL BE RETAINED BY THE DIVISION OF GRADUATE DENTAL STUDIES, FACULTY OF DENTISTRY.

For further enquiries or clarifications, please contact:

Officer in Charge (MDS Admissions)
Tel: 65 – 6772 5258 or 6772 4965
Fax: 65 – 6779 6520
Email: denbox2@nus.edu.sg

**IMPORTANT:**
Details are correct at the time of printing and are subject to change by the University without prior notice. Please refer to the Faculty of Dentistry website (http://www.dentistry.nus.edu.sg/DGDS/dgds_index.htm) for latest updates.
This form may take you about **30 minutes** to complete. You will need the following information to fill in the form:

- Your academic certificates & TOEFL score
- Your passport details
- Your NS Service Records (For Singapore Citizen and PR Males only)
- Names & Addresses of Academic Referees

Please indicate your choice of specialty (ONE only):

- [ ] Endodontics *
- [ ] Periodontology *
- [ ] Orthodontics *
- [ ] Oral & Maxillofacial Surgery *
- [ ] Prosthodontics *

### (1) SOURCE OF INFORMATION
How did you come to know about this application?

### (2) PERSONAL PARTICULARS

Title and Full Name as in Passport / Identity Card *(Write in BLOCK letters and UNDERLINE surname/family name)*:

Attach documentary proof (e.g. deed poll/baptism cert) if name differs from NRIC/Passport.

Dr/Mr/Mrs/Mdm/Miss

Postal Address:

Telephone Nos.:

(Office)  (Mobile)

(Home)  (Fax)

E-mail Address:

Nationality: *(Please attach documentary proof of citizenship status)*

Passport No.:  Date of Issue:

Place of Issue:  Date of Expiry:

Country of Birth:

Singapore Permanent Resident:  Yes  No

Domicile: *(Country you live in permanently)*

Date of Birth:  (Day/Mth/Yr):

For Singapore / Malaysian Citizens and Singapore PRs only

Identity Card No.:  Colour:  Pink

Old Identity Card No.: *(For Malaysian Citizens Only)*

Race *(delete as appropriate)*:

Chinese / Indian / Malay / Caucasian / Others :_________________

Applicable to Dependant Pass Holders only

Sex *(delete as appropriate)*:

Male / Female

Marital Status:

Single / Married / Divorced / Widowed / Separated

Fin No:  Date of Expiry:
### (3) PARTICULARS OF NEXT-OF-KIN

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<tr>
<th>Name</th>
<th>Relationship</th>
<th>Occupation</th>
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<th>Permanent Address</th>
<th>Telephone No</th>
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### (4) ACADEMIC QUALIFICATIONS

(list in chronological order and attach copies of relevant certificates and transcripts)

Applicants must produce originals of all documents, when requested or if admitted. Applicants who are graduates of foreign universities must request for official transcripts to be sent to our office DIRECTLY from their universities (please use attached Transcript Request Form), which should reach us by the closing date.

<table>
<thead>
<tr>
<th>(a) Tertiary Education (Undergraduate and Postgraduate)</th>
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<tr>
<th>(b) Professional</th>
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<td>From</td>
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<tr>
<th>(c) Have you passed the NUS Part I MDS Examination or have an equivalent certification?</th>
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- □ Yes (please provide details: )
  
  Date……………….. Examination…………………… Name of College…………………………………..

- □ No, but I will be taking the NUS Part 1 MDS examination or an equivalent on (please provide details: )

  Date……………….. Examination…………………… Name of College…………………………………..

NOTE: A pass in Part 1 MDS Examination or equivalent is an entry requirement. Applicants without a pass may submit their application but will be required to pass the Part 1 MDS examination held in NUS or equivalent latest by January 2009.

### (5) ACADEMIC SCHOLARSHIPS, PROFESSIONAL MEMBERSHIPS/ OTHER EDUCATIONAL CERTIFICATES OR TRAINING UNDERTAKEN OR CURRENTLY PURSUING/ OTHER AWARDS, MEDALS & PRIZES:

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<tr>
<th>From</th>
<th>To</th>
<th>Description/Name of Scholarships/Awards</th>
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(6) NATIONAL OR INTERNATIONAL RESEARCH AND PUBLICATIONS

<table>
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<tr>
<th>Year</th>
<th>Title of Research or Paper Published</th>
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(7) ENGLISH LANGUAGE PROFICIENCY

Foreign applicants are required to submit TOEFL/IELTS score. Fill in the score and test date shown on the TOEFL/IELTS Examinee’s Score Report. Please attach documentary evidence.

TOEFL/IELTS SCORE: ___________ DATE OF EXAMINATION __________________

(8) EMPLOYMENT HISTORY (Starting with your most recent appointment. Use separate sheet if necessary.)

(a) Previous Occupation(s)

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<tr>
<th>From (mth/yr)</th>
<th>To (mth/yr)</th>
<th>Name &amp; Location of Firm/Organisation (Indicate Department)</th>
<th>Position/Nature of work</th>
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(b) Present Occupation (Please state if currently unemployed):

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<th>Date of Joining</th>
<th>Employment Sector (Public/Private/Statutory/Self Employed)</th>
<th>Name and Location of Firm/Organisation</th>
<th>Position Held/Nature of Work</th>
<th>Annual Salary</th>
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(c) Total number of years of work experience:

_________ years ________ months (up to date of application)

(7) NATIONAL SERVICE (only for Singapore citizen/PR) Please attach a copy of the NS Certificate of Service.

- [ ] Completed
  (ORD _________________________)
- [ ] Currently serving
  (expected ORD _________________________)
- [ ] Disrupted
- [ ] Exempted
- [ ] Not applicable
(8) ACADEMIC REFEREES

Please provide the particulars of the three academic referees who are dentists from whom you have requested letters of reference. Please use Academic Referee Report form provided. Completed forms should reach our office before the closing date in SEALED envelopes bearing the referee’s signature across the leaf openings in the envelope.

*Note: Foreign graduates are required to submit a referee report from the Dean of the institute where the basic dental degree was conferred.

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<th>Name of Referee</th>
<th>Designation</th>
<th>Address</th>
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(9) PREVIOUS APPLICATIONS

Have you previously applied for admission or been admitted to any graduate programme(s) at NUS?

- Yes (Please indicate programme(s) applied for: ____________________________)
- No

If YES, please indicate outcome of application:

- Successful (Date of enrolment: ____________ to ______________)
- Unsuccessful

Current Status:

- Graduated
- Withdrawn
- Failed
- Current Student

(10) OTHER APPLICATIONS

Are you applying for any other graduate programme(s) at NUS for the coming academic session?

- Yes (Please indicate programme(s) applying for: ____________________________)
- No

(11) SOURCE OF FINANCE

Please ATTACH documentary evidence of financial support, e.g. letter from sponsor, pay slip, appointment letter or bank statement.

- Institutional Sponsorship
- Self Support
- Others (Please specify ____________________________)
-
(12) MOTIVATION FOR APPLICATION AND CAREER GOALS (Use separate sheet if necessary)

Please state as concisely as possible:

(a) why you are applying for the graduate degree and the NUS ASEAN Graduate Scholarship (if applicable):

(b) your career goals, and how the graduate degree would benefit you and your country:

(c) why you will return to your home country upon completing your coursework, or if not, why (for non-Singaporeans):

(13) Disabilities and Special Needs

Have you had or do you have any disabilities (including but not limiting to chronic illnesses, communicable diseases, mental illnesses, colour blindness, visual or other physical constraints or limitations) which may or may not cause you to require special assistance or facilities while studying at the University?

☐ Yes □ No

If yes, please provide all relevant information on a separate sheet of paper (and attach the relevant medical documents). Note: This information will enable the University to develop a complete profile of an applicant and to determine whether he/she might need additional resources in his/her studies. The University does not, however, guarantee the provision of special aid (financial or otherwise) to any student.

(14) DECLARATION

I affirm that all statements made by me on this form are true and correct. I understand that any false or inaccurate information (or omission of material information) will render this application invalid and that, if admitted on the basis of such information, I will be required to withdraw from the University.

Signature: ___________________________________ Date: ________________________

July 2009
# APPLICATION FOR ADMISSION TO MDS RESIDENCY TRAINING PROGRAMME

## TRANSCRIPT REQUEST FORM

### To: The Applicant

*Please complete this section of the form and send it to the Registrar (or relevant person-in-charge) of the University from which you are requesting your transcript.*

<table>
<thead>
<tr>
<th>Applicant's Name</th>
<th>Date of Birth</th>
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<th>Applicant's Address</th>
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<th>Field of Study</th>
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<th>Degree and Date of Conferment</th>
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### To: The Registrar/ Person-in-charge

1. The person whose name appears above is applying for admission to our full-time residency training programme.
2. The application cannot be considered without an official transcript of academic records submitted by your University. This transcript must bear the stamp of your University and the name and signature of the Registrar or authorised person.
3. Subject to the rules governing your University, the transcript should include:
   (a) Date of enrolment.
   (b) A list of all subjects taken (with dates), and the grades obtained in each subject.
   (c) Title of degree awarded and date of conferment.
   (d) Rank in class
   (e) Interpretation or explanation of the grades, marks or scores.
4. If the transcript is in a language other than English, please provide an official translation.
5. **DO NOT RETURN TO APPLICANT.** Please send the official transcript **together with this form directly** to the address below. Thank you.

Officer in Charge (MDS Admissions)
Division of Graduate Dental Studies
Faculty of Dentistry
National University of Singapore
National University Hospital
5 Lower Kent Ridge Road
Singapore 119074
REPUBLIC OF SINGAPORE
ACADEMIC REFEREE REPORT

PART I: TO BE COMPLETED BY APPLICANT:
Please insert your name below and pass a copy of this form to each of your referees.

Name of applicant: _______________________________________________________

Residency Training Programme applied for (pls indicate accordingly):

☐ Endodontics  ☐ Orthodontics  ☐ Oral & Maxillofacial Surgery
☐ Periodontology  ☐ Prosthodontics

PART II: TO BE COMPLETED BY REFEREE

NOTE TO REFEREE:
The person named above is applying for admission to the University to undertake a full time residency training programme leading to a postgraduate degree. The University would appreciate receiving a confidential report from you on the applicant. You may write your report on the reverse side of this form. Please use a separate sheet if necessary.

1. How long have you known the applicant and in what capacity?

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

2. Among the students at a similar level you have known in recent years, how would you rate the applicant? (Please tick (✓) the appropriate box.)

☐ highest 5%  ☐ next highest 25%
☐ next highest 5%  ☐ lowest 50%
☐ next highest 15%  ☐ unable to judge

3. How would you rate the applicant's proficiency in English in reading and writing and in spoken English (i.e. excellent, good, fair)?

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
4. Personal Report on Applicant:

Signature: ___________________________ Date: ________________

Name of Referee: ______________________________________________________

Designation: ______________________________________________________

Address: ______________________________________________________

E-mail address: ______________________________________________________
Dear Sir/Madam

Re: APPLICATION FOR ADMISSION TO MASTER OF DENTAL SURGERY RESIDENCY TRAINING PROGRAMME

1. This is to acknowledge receipt of your application form and fee (receipt attached) for the above programme.

2. We will process your application and will write to you for outstanding documents, if any.

3. You will know the outcome of your application **latest by end February (for July intake)**. Due to the large number of applications received, we regret that no enquiries on the status of application will be entertained.

Yours Sincerely

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for Director, Division of Graduate Dental Studies
Faculty of Dentistry
National University of Singapore

Date:
MDS RESIDENCY TRAINING PROGRAMME APPLICATION CHECKLIST

Please be reminded to do the following:
1. Enclose documents required in the order as below.
2. Tick (✔) where documents are submitted.
3. Send those un-ticked items, where applicable, to us in due course.

☐ Application fee
☐ Completed application form
☐ Certified copy of NRIC/Passport/Citizenship
☐ Certified copy of Graduate Certificate of Dental Degree *[with English Translation, if applicable]*
☐ Certified copy of documentary evidence of pass in Part 1 MDS Examination or equivalent
☐ Certified copy of Higher Dental Degrees Certificate- if applicable *[with English Translation, if applicable]*
☐ Official Transcripts of Academic records - to be sent DIRECTLY to us by your UNIVERSITY
☐ Completed Academic Referee Report (3 copies) - to be sent DIRECTLY to us by your Referee or in sealed envelope together with your application submission
☐ Score sheet of TOEFL/IELTS - if applicable
☐ Proof of two years full-time clinical practice after graduation
☐ Certified copy of other supporting documents - if applicable
☐ Completed Application Acknowledgement Letter

For Self-Financed Applicants
☐ Documentary evidence of financial support in the form of a bank statement / a copy of recent payslip

For Sponsored Applicants
☐ Letter of confirmation from a sponsor or documentary evidence of scholarship or other award obtained
APPLICATION FEE FORM
For Coursework Master of Dental Surgery (MDS) Residency Training Programmes

INSTRUCTIONS
The following non-refundable application fee of S$50.00 + S$3.50 (GST) is payable for each programme you apply for.

- Payment by Post
  Payment by post can be made by either a cheque or bank draft drawn on a bank in Singapore and made payable to ‘National University of Singapore’. The cheque or bank draft should have the sender’s name and programme applied for written on the reverse side.

  Personal cheques (should be crossed) are accepted only from candidates in Singapore. International applicants are requested to send bank draft and not personal cheques. Please DO NOT send cash by post.

- Payment by Credit Cards
  Please fill in the following details to make payment by credit card:

<table>
<thead>
<tr>
<th>Cardholder Name:</th>
<th>Card No:</th>
<th>oVisa</th>
<th>oMaster</th>
<th>Expiry Date:</th>
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<tr>
<td>Amount:</td>
<td>Signature:</td>
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GL/WBS: 530132/N221-000-010-021 (for internal reference)