

Application for Special Elective/Exchange Programme in Faculty of Dentistry for Overseas Undergraduate Students

Instructions for applicants:

- 1. Please ensure that you have read the Guidelines for Admission of Special Elective/Exchange Students before completing the application form.
- 2. The completed form should be returned to: Dean's Office, Faculty of Dentistry (Attn: Ms Yan Yan, 9 Lower Kent Ridge Road, Level 10, National University Centre for Oral Health Singapore, Singapore 119085) or via Fax: (65) 6778-5742.
- 3. Any missing information or supporting documents will render your application incomplete. Incomplete applications <u>WILL</u>

 <u>NOT</u> be processed until the missing information or documents are sent to us.
- 4. For clarification, please contact Ms Yan Yan at denyany@nus.edu.sg (65) 6772-4980

DETAILS OF ADMISSION					
Period of Elective Posting Requested:					
From to _			(weeks)	
Have you been in contact with any staff mem	ber from the Nationa	l University	of Singa	oore? YES / NO	0
If yes, please state name:					
PERSONAL INFORMATION					
Title and Full Name as in Passport / Identity C Mr / Mrs / Mdm / Miss / Ms	Card (underline Surna	nme / Family	/ Name):		
Mailing Address:		Tel No. (Home):			Tel No. (Mobile):
		Email:			
Address in Singapore (if different from mailing address):		Nationality:			
		NRIC/Passport:			Date of Issue:
Foreign Address (if applicable):		Place of Issue:			Date of Expiry:
		Date of Bi	rth:		Country of Birth:
Name of next-of-kin:		Relationship:			
Address:		Tel No./Er	nail:		
BACKGROUND OF DENTAL EDUCATION	ON 				
Name and Address of Parent Dental School	Current Year of	Current Year of Study		Study at Time ective with us	Expected Date of Qualifying in Dentistry
Please indicate briefly clinical experience at til	me of elective with u	s:			



Checklist

Have you attached the necessary documents and materials with your Application Form? (Please tick)

Subm	itted with Application Form via Email or Regular Mail
	Applicant's NRIC/Passport (scanned copy)
	Letter from the Home University certifying that the applicant is currently registered with the University
To Be Submit	ted At Least 2 Weeks Before Start Of Attachment Via Email
	Certification from registered medical practitioner of your choice that you are in clean bill of health and should not be dated more than 1 (one) month prior to your arrival
	Indemnity Form
	Health Declaration Form
	Documentary proof of Health/Travel Insurance
	To Be Collected on 1 st day of Attachment
	OEP Fee (Cash Only)
	Foreign Students: Sin\$150.00
	Singaporeans/ Permanent Residents: Sin\$30.00