

| PERSONAL PARTICULARS                                                                                                                      |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Full Name                                                                                                                                 |                          |
| Matric No.                                                                                                                                |                          |
| Year of Study ( <i>please circle</i> )                                                                                                    | Year 2 / Year 3 / Year 4 |
| Date of Birth (dd/mm/yy)                                                                                                                  |                          |
| Nationality                                                                                                                               |                          |
| Gender ( <i>please circle</i> )                                                                                                           | M / F                    |
| CONTACT INFORMATION                                                                                                                       |                          |
| Mailing Address                                                                                                                           |                          |
| Home Contact No.                                                                                                                          |                          |
| Mobile No.                                                                                                                                |                          |
| NUS Email Address                                                                                                                         |                          |
| Alternate Email Address (Personal)                                                                                                        |                          |
| EMERGENCY CONTACT                                                                                                                         |                          |
| Name of Next-of-Kin                                                                                                                       |                          |
| Contact No. of Next-of-Kin                                                                                                                |                          |
| Relationship with Next-of-Kin                                                                                                             |                          |
| OTHER INFORMATION                                                                                                                         |                          |
| Contributions to Dental Society (if any):<br><br><br><br><br><br><br><br><br><br>                                                         |                          |
| FUNDING                                                                                                                                   |                          |
| I would like to apply for some form of sponsorship for the programme<br>( <i>Please note that only limited sponsorships are offered</i> ) | <input type="checkbox"/> |

| <b>SELECTION</b> (please choose only <u>2</u> schools and rank them in order of priority) |                                |                          |
|-------------------------------------------------------------------------------------------|--------------------------------|--------------------------|
| <b>Dental School</b>                                                                      | <b>No. of Places Available</b> | <b>Choice</b>            |
| a. Beijing University School of Stomatology, PRC                                          | 4                              | <input type="checkbox"/> |
| b. Shanghai Jiaotong University, PRC                                                      | 4                              | <input type="checkbox"/> |
| c. University of North Carolina, USA                                                      | 4                              | <input type="checkbox"/> |
| d. Osaka University Graduate School of Dentistry, Japan                                   | 4                              | <input type="checkbox"/> |
| e. Tokyo Medical and Dental University, Japan                                             | 4                              | <input type="checkbox"/> |
| f. University of Sydney, Australia                                                        | 4                              | <input type="checkbox"/> |
| <p>Date ..... Signature of Applicant .....</p>                                            |                                |                          |

**Application form and your personal statement\* must reached the Dean's Office latest by Friday 24 July 2009.**

\*The personal statement should not exceed 500 words on why you want to participate in the OEP and what are the experience/knowledge/learning points that you would like to gain during the attachment.