

APPLICATION FOR RESEARCH ATTACHMENT
by Junior College/Undergraduate/Postgraduate Students

1. PERSONAL PARTICULARS

Name as in NRIC/Passport [Write in BLOCK letters and <u>underline</u> family name.] Mr/Miss		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Postal Address	Tel No. (Home):- Tel No. (Mobile):-	E-mail Address:- Fax No. :
Date of Birth (day/month/year)	Citizenship <input type="checkbox"/> Singaporean <input type="checkbox"/> S'pore Permanent Resident <input type="checkbox"/> Others. Pls specify : _____	NRIC/Passport No

2. PARTICULARS OF NEXT-OF-KIN

Name	Relationship	Tel./ Email	Occupation
Address			

3. ACADEMIC QUALIFICATIONS

From	To	Institution Attended	Course

4. PROPOSAL FOR RESEARCH ATTACHMENT

(A) Aims of Research Attachment (attach a separate sheet if necessary)

- 1.
- 2.
- 3.

(B) Collaborative Research with Faculty of Dentistry on _____
_____.

Please attach the research protocol.

Please indicate areas of research interest

Proposed Supervisor(s) (if any):	Duration of Attachment : From : _____ to _____
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Any Other Request(s) ?

5. DECLARATION

I affirm that all information furnished by me on this form are correct. I understand that any inaccurate or false information (or omission of material information) will render this application invalid.

Name/Signature: _____

Date: _____

6. FOR OFFICIAL USE (By Supervisor)

I have vetted the attached research protocol and :

() found it to my satisfaction () amendments needed as indicated () it is unacceptable.

I support/ do not support * the above application.

Comments :

Name/Signature: _____

Date: _____

7. FOR OFFICIAL USE (By Head of Department)

Comments on the research protocol :

I support/ do not support * the above application

Name/Signature: _____

Date: _____

8. FOR OFFICIAL USE (By Vice Dean Research)

I approve/ do not approve * the research protocol and the above application.

Comments :

Name/Signature: _____

Date: _____