APPLICATION FOR ADMISSION AS A HIGHER DEGREE CANDIDATE
TO THE MASTER OF DENTAL SURGERY RESIDENCY TRAINING PROGRAMME

ACADEMIC REFEREE'S REPORT

PART I: TO BE COMPLETED BY APPLICANT:
Please insert your name below and pass a copy of this form to the Dean of the institute of which you have received your basic dental degree.

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 research 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: ______________________________________________________
APPLICATION FOR ADMISSION AS A HIGHER DEGREE CANDIDATE
TO THE MASTER OF DENTAL SURGERY RESIDENCY TRAINING PROGRAMME

ACADEMIC REFEREE'S REPORT (DEAN)

PART I: TO BE COMPLETED BY APPLICANT:

Please insert your name below and pass a copy of this form to the Dean of the institute of which you have received your basic dental degree.

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 (DEAN OF INSTITUTE)

NOTE TO REFEREE:
The person named above is applying for admission to the University to undertake research 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: ______________________________________________________