APPLICATIONS ARE INVITED FOR JULY 2006 INTAKE FOR DENTAL RESIDENCY TRAINING PROGRAMMES LEADING TO THE MASTER OF DENTAL SURGERY DEGREE IN THE FOLLOWING SPECIALTIES:

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

Aims of the Programme

This is a 3-year full time structured didactic and clinical training programme. The programme will provide the residents with -

- opportunities to manage and treat patients assigned to them to cover a wide range of cases in each specialty;
- the ability to carry out independent research investigations and critically evaluate scientific publications;
- the ability to effectively interfaced with other specialties and disciplines in the care of patients requiring interdisciplinary therapy.

Please refer to [http://www.dentistry.nus.edu.sg/postgrad.htm](http://www.dentistry.nus.edu.sg/postgrad.htm) for more information and to download the course outlines. Please note that the University reserves the right to amend the course outlines as deemed fit by the Division of Graduate Dental Studies.

Entry Requirements

- Holder of a Bachelor degree in Dental Surgery (BDS or equivalent)
- Possess at least two years clinical experience in full-time clinical practice after graduation (excluding internship)
- International applicants are required to submit TOEFL or IELTS score. Only National University of Singapore (NUS) graduates & native English speakers from G7 countries are exempted. Please note that only candidates with TOEFL score of 580 & above (computer based score of 237 & above) or IELTS score of 6.5 & above will be considered.

Shortlisted applicants are required to appear for an interview before being considered for admission and may be required to take a practical test in March 2006. Attendance in person is compulsory for acceptance into the course.

Health Requirements

All candidates applying for Dentistry should test negative for the Hepatitis B virus. Candidates who test positive for the Hepatitis B surface virus but negative for the Hepatitis B e-antigen are not eligible for the Dentistry course.

Tuition Fees (for AY 2005/6)

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Singapore Citizen</th>
<th>Foreign Citizen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endodontics</td>
<td>S$12,000 per annum</td>
<td>S$13,200 per annum</td>
</tr>
<tr>
<td>Oral &amp; Maxillofacial Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontics</td>
<td>S$14,650 per annum</td>
<td>S$16,120 per annum</td>
</tr>
<tr>
<td>Periodontology</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please read - Tuition Fees are subject to review by the University. Please refer to the NUS Registrar’s Office website at [http://www.nus.edu.sg/registrar/graduate/info/fees3yrs.htm](http://www.nus.edu.sg/registrar/graduate/info/fees3yrs.htm) for more updated information on tuition fee and payment structure.
NUS Graduate Scholarship for ASEAN Nationals

Nationals (citizens or permanent residents) of a member country of ASEAN (Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Thailand and Vietnam) may apply to be considered for the NUS Graduate Scholarship for ASEAN Nationals. Information on the scholarship may be obtained online from http://www.nus.edu.sg/registrar/prospective/graduate/gsa.htm.

Application towards the scholarship is done concurrently with the MDS admission exercise. Candidates must submit completed application forms together with a copy of –

- Particulars page of passport (1 copy)
- TOEFL score or IELTS result (1 copy)

Application Fee

S$52.50 (inclusive of 5% Goods and Services Tax)

Application Procedure

Forms are available online at our website - http://www.dentistry.nus.edu.sg/gdsappl.htm or obtained from the Division of Graduate Dental Studies.

Applicants should submit the completed application form and attach the following documents –

- Certified true copies of
  - Dental degree (BDS or equivalent)
  - Proof of citizenship
  - Official Transcripts (sent directly to us from your University)

- Academic Referee's Reports
  - Three from referees who are dentists (for overseas graduates, one of the academic referee must be from the Dean of the institute where the basic dental degree was conferred)

- Proof of relevant clinical experience prior to application

- TOEFL/ IELTS Scoresheet (for foreign applicants, where applicable)

- Proof of financial support for period of training (for self sponsored applicants)

Please submit the completed application form 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

Closing date for Admissions (2006 intake)

Completed applications forms and supporting documents should reach Division of Graduate Dental Studies, Faculty of Dentistry by 31 December 2005.

Contact Information

For further enquiries not addressed in our MDS FAQ page (http://www.dentistry.nus.edu.sg/gdsfaq.htm), please contact:

Ms WONG Yoke Kin, Patricia
Tel: 65 – 6772 4158
Fax: 65 – 6778 5742
Email: denwyk@nus.edu.sg

Ms YEH Yue Hann, Jacey
Tel: 65 – 6772 4196
Fax: 65 – 6778 5742
Email: denyyhj@nus.edu.sg
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’s Report  
   (d) Acknowledgement Form  
   (e) Application Checklist

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

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 $52.50 OR US $32.00 (inclusive of 5% 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 **31 December 2005**. 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 2006. They will also be required to attend in person an admissions interview/ sit for a practical test to be conducted in March 2006.

3. **Transcripts (refer to 1b)**
   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.

   An **official transcript** of academic records is required from each university attended. You are responsible for requesting your transcript form 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.

   Graduates from the National University of Singapore can submit certified true copies of the official transcripts of their academic records with their applications. Online application for the NUS undergraduate transcript is available at the Registrar’s Office website at [https://aces01.nus.edu.sg/NASApp/transcripts/ugonlinetranscript.jsp](https://aces01.nus.edu.sg/NASApp/transcripts/ugonlinetranscript.jsp). 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’s Report (refer to 1c)**
   Recommendations from 3 academic referees who are dentists (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’s Report**.

   If you wish to submit your referee report together with your application form, each referee’s report must be enclosed in a **sealed** envelope sent by the referee. Alternatively, the referees can send their reports DIRECT to the Division of Graduate Dental Studies at the address provided below.

5. **Acknowledgement Form (refer to 1e)**
   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

Applicants can either:-

(i) submit TOFEL/IELT 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. NUS Graduate Scholarships for ASEAN Nationals

Nationals (citizens or permanent residents) of a member country of ASEAN (Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Thailand and Vietnam) may apply to be considered for the NUS Graduate Scholarship for ASEAN Nationals. Information on the scholarship may be obtained online from http://www.nus.edu.sg/registrar/prospective/graduate/gsa.htm.

Application towards the scholarship is done concurrently with the MDS admission exercise. Candidates must submit completed application forms together with a copy of –

(a) Particulars page of passport (1 copy)
(b) TOEFL score or IELTS result (1 copy)

8. Submission of Application

Please submit the completed application form (please use Application Checklist 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:

Ms WONG Yoke Kin, Patricia
Tel: 65 – 6772 4158
Fax: 65 – 6778 5742
Email: denwyk@nus.edu.sg

OR

Ms YEH Yue Hann, Jacey
Tel: 65 – 6772 4196
Fax: 65 – 6778 5742
Email: denyyhj@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/qdsappl.htm) for latest updates.
# Application Form for Master of Dental Surgery

## Residency Training Programme

**Faculty of Dentistry**  
Division of Graduate Dental Studies

---

**Application Form for Master of Dental Surgery**

Residency Training Programme

Please indicate your choice of specialty (ONE only):

- [ ] Endodontics *
- [ ] Orthodontics *
- [ ] Oral & Maxillofacial Surgery *
- [ ] Periodontology *
- [ ] 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):

Dr/Mr/Mrs/Mdm/Miss

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

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

If yes, please attach a copy of Entry Permit and indicate:-

Domicile: (Country you live in permanently)

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

Race (delete as appropriate):

Chinese / Indian / Malay / Caucasian / Others :_________________

Old Identity Card No.: Colour:  

Sex (delete as appropriate):

Male / Female

No. of Children (if applicable):

Applicable to Dependant Pass Holders only

Marital Status:

Single / Married / Divorced / Widowed / Separated

For Singapore / Malaysian Citizens and Singapore PRs only

Identity Card No.:

(For Malaysian Citizens Only)

Applicable to Dependant Pass Holders only

Fin No.: Date of Expiry:

---

## (3) PARTICULARS OF NEXT-OF-KIN

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Address</td>
<td></td>
<td>Telephone No</td>
</tr>
</tbody>
</table>

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Application Form  
Page 1 of 5
### (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 will have to request for official transcripts to be sent to us DIRECT from their universities (please use attached Transcript Request Form), which should reach us by the prescribed closing date.

<table>
<thead>
<tr>
<th>a. Tertiary Education (Undergraduate and Postgraduate)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>From</td>
<td>To</td>
</tr>
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<td></td>
<td></td>
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</table>

<table>
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<tr>
<th>b. Professional</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>From</td>
<td>To</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. Membership of Professional Organisations</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>From</td>
<td>To</td>
</tr>
<tr>
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</tbody>
</table>

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<tr>
<th>d. National or international Awards (List in chronological order any scholarships, prizes or other awards received.)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>Name of Scholarship, Prizes or Awards</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. National or International Research and Publications</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>Title of Research or Paper Published</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### (5) ENGLISH LANGUAGE PROFICIENCY

Foreign applicants are required to submit TOEFL score. Fill in the scores and test date shown on the TOEFL/IELTS Examinee’s Score Report (Supporting document must be attached). 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.UCLES. This Faculty’s institution code is 9083.

TOEFL/IELTS SCORE: ____________ DATE OF EXAMINATION ____________________

(Please attach documentary evidence)
(6) EMPLOYMENT HISTORY *(Starting with your present/last appointment. Use separate sheet if necessary.)*

### (a) Previous Occupation(s)

<table>
<thead>
<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>
</tr>
</thead>
</table>

### (b) Present Occupation *(Please state if currently unemployed)*:

<table>
<thead>
<tr>
<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 US$</th>
<th>Singapore $</th>
</tr>
</thead>
</table>

### (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.

<table>
<thead>
<tr>
<th>Completed (ORD ________________________)</th>
<th>Currently serving (expected ORD ______________)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disrupted</td>
<td>Exempted</td>
</tr>
<tr>
<td>Not applicable</td>
<td></td>
</tr>
</tbody>
</table>

(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’s Report form provided. Completed forms should reach us before the closing date in SEALED envelopes whose openings bear the referee’s signature across it.

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

<table>
<thead>
<tr>
<th>Name of Referee</th>
<th>Designation</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
### (9) APPLICATION FOR THE NUS ASEAN GRADUATE SCHOLARSHIPS (for eligible applicants only)

Please tick (*) the relevant box, where applicable, delete accordingly within the **; and fill-in the blanks accordingly. Please attach a copy of particulars page of passport and TOEFL score or IELTS result.

**YES**, I would like to apply for the NUS ASEAN Graduate Scholarships (AGS). I am a citizen/permanent resident* of , a member country of ASEAN (excluding Singapore). My "TOEFL score/IELTS result* is ______ and I have ______ years of relevant working experience. I accept the rules and conditions governing the NUS AGS and will be subject to them if awarded the NUS AGS.

[Rules of the NUS AGS is available online - http://www.nus.edu.sg/registrar/prospective/graduate/gsa.htm]

If I am unsuccessful in my application for the NUS AGS I will be:

(a) **unable to accept** admission to the residency training programme leading to the Master of Dental Surgery degree in *Endodontics/ Oral & Maxillofacial Surgery/ Orthodontics/ Periodontology/ Prosthodontics; or

(b) **able to accept** admission to the residency training programme leading to the Master of Dental Surgery degree in *Endodontics/ Oral & Maxillofacial Surgery/ Orthodontics/ Periodontology/ Prosthodontics on a **self-financing basis**.

**IMPORTANT**: Please attach documentary proof that you are financially supported for length of your training (i.e. Bank Statement of Account).

**NO**, I do not want to apply for the NUS AGS.

### (10) 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 (Please skip to 11)

If YES, please indicate outcome of application:

- Successful (Date of enrolment: ___________ to _______________)
- Unsuccessful

Current Status:

- Graduated
- Withdrawn
- Failed
- Current Student

### (11) 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 (Please skip to 12)

### (12) SOURCE OF FINANCE

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

- Company Sponsorship
- Self Support
- Others (Please specify ________________________________)

### (13) 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 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 it not, why (for non-Singaporeans):


(14) Disabilities and Special Needs

Have you had or do you have any disabilities (including but not limited to chronic illnesses, communicable diseases, mental illness, 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, however, not guarantee the provision of special aid (financial or otherwise) to any students.

(15) DECLARATION

I affirm that all statements made 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 and that, if admitted on the basis of such information, I can be required to withdraw from the University.

Signature: ____________________________ Date: _______________________

Revised: 30 September 2004
APPLICATION FOR ADMISSION TO 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.

Applicant's Name ...................................................... Date of Birth ..............................

Applicant's Address ........................................................................................................

University ......................................................................................................................

Date of Enrolment From .................................. To ................................................

Field of Study ..............................................................................................................

Degree and Date .................................................. ........................................................

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 direct** 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

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

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 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: ______________________________________________________
Acknowledgement Form
(Please print your name and address below)

Name: _______________________________________
Address: _______________________________________
________________________________________
________________________________________

Dear Sir/Madam

Re: APPLICATION FOR ADMISSION AS A HIGHER DEGREE CANDIDATE
(MASTER OF DENTAL SURGERY RESIDENCY TRAINING PROGRAMME)

1. This is to acknowledge receipt of your application 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 15 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

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

Date: 

22 August 2005
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 of S$52.50 (US$32.00)
☐ The completed Application Acknowledgement Letter
☐ The 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 Higher Dental Degrees Certificate- if applicable [with English Translation, if applicable]
☐ Official Transcripts of Academic records - to be sent DIRECT to us by your UNIVERSITY
☐ Completed Academic Referee report (3 copies)
☐ 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
☐ Two self-addressed (typed) envelope - size 11 cm x 22 cm

For Self-Finance Applicants

☐ Documentary evidence of financial support in the form of a bank statement / a copy of recent payslip / letter of confirmation from a sponsor or documentary evidence of scholarship or other award obtained must be enclosed.

For NUS Asean Graduate Scholarship Applicants

☐ Particulars page of passport
☐ Score sheet of TOEFL/IELTS

22 August 2005