

National University of Singapore  
Faculty of Dentistry  
Centre for Advanced Dental Education

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## Application for Graduate Diploma (Dental Implantology) Programme

Please note:

This form may take you about 30 minutes to complete. You will need the following information to fill in the form:

- Your academic certificates
- Your NRIC/ Passport details
- Your NS Service Records

### (1) PERSONAL PARTICULARS

**Name as in NRIC/Passport** [Write in **BLOCK** letters and UNDERLINE surname/family name.  
Attach documentary proof if name differs from NRIC/Passport]

Dr/Mr/Mrs/Mdm/Miss

Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age
Permanent Home Address			Tel No. (Home):-  Tel No. (Mobile phone):-
Postal Address			E-mail Address:-  Fax No. (with area code)
Date of Birth (Day/Month/Year)	Place of Birth	Domicile (Country you live in permanently)	Ethnic Group
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Religion	NRIC/Passport No.	Date & Place of issue
Type of NRIC [Please tick (☑) relevant box] <input type="checkbox"/> Singapore pink <input type="checkbox"/> Malaysian blue <input type="checkbox"/> Not Applicable <input type="checkbox"/> Singapore blue <input type="checkbox"/> Malaysian pink			
Citizenship [Please tick (☑) relevant box] <i>Please attach documentary proof to certify citizenship status.</i> <input type="checkbox"/> Singaporean <input type="checkbox"/> Others (Please specify _____) <input type="checkbox"/> Singapore Permanent Resident			

<b>(2) PARTICULARS OF NEXT-OF-KIN</b>				
Name		Relationship	Occupation	
Permanent Address		Telephone No		
<b>(3) ACADEMIC QUALIFICATIONS</b>				
<i>Please attach CERTIFIED TRUE COPIES of relevant certificates. 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 the attached transcript request form for this purpose.</i>				
<b>a. Tertiary Education (Undergraduate and Postgraduate)</b>				
From	To	Name & Location of University	Degree & Major	Class/Rank
<b>b. Professional</b>				
From	To	Name & Location of Institution	Certificate/Diploma	
<b>c. Membership of Professional Organisations</b>				
From	To	Organisation	Post Held/Membership Status	
<b>d. National or international Awards (List in chronological order any scholarships, prizes or other awards received.)</b>				
Year	Name of Scholarship, Prizes or Awards			
<b>e. National or International Research and Publications</b>				
Year	Title of Research or Paper Published			

**(4) EMPLOYMENT & PRACTICE HISTORY****(a) Previous Occupation(s)**

From ( <i>month/year</i> )	To ( <i>month/year</i> )	Name & Location of Firm/Organisation (Indicate Department)	Position/Nature of work

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

Date of Joining	Employment Sector (public/ Private/ Statutory/ self employed)	Name and Location of Firm/Organisation	Position held/Nature of Work	Annual Salary	
				US\$	Singapore \$

**(c) Practice History** (*Please briefly describe your experience in dental implants*):**(5) NATIONAL SERVICE** (*only for Singapore citizen/ PR*) Please attach a copy of the NS Certificate of Service.

- Completed (ORD \_\_\_\_\_)
  Currently serving (expected ORD \_\_\_\_\_)
- Disrupted
  Exempted
- Not applicable

**(6) 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 7*)

**(7) 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 10*)

**(8) SOURCE OF FINANCE**

Company Sponsorship     Self Support     Others  
(Please specify \_\_\_\_\_)

**(9) 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.**

**(10) 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: \_\_\_\_\_

## **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  
*(Please make cheque out to “National University of Singapore” and write your name at the back of the cheque.)*
  - Completed application form
  - Certified copy of NRIC/Passport/Citizenship
  - Certified copy of Graduate Certificate of Dental Degree – if applicable [with English Translation]
  - Certified copy of Higher Dental Degrees Certificate - if applicable [with English Translation]
  - Official Transcripts of Academic records - to be sent direct to us  
*(NUS graduates may request for a copy of their transcripts online at <http://www.nus.edu.sg/registrar/info/transcript.htm>.)*
  - Score sheet of TOEFL/IELTS – if applicable
  - Certified copy of other supporting documents - if applicable
  - Certified copy of current certificate of immunisation against communicable disease (Hepatitis B).

### **Submission of Application**

Please submit the completed application form together with all the supporting documents (in English or translated to English) to:

**Officer in Charge (CADE Admissions),  
Centre for Advanced Dental Education  
Faculty of Dentistry, National University of Singapore,  
National University Hospital,  
5 Lower Kent Ridge Road,  
Singapore 119074**

Closing date for application is 28 February 2007.