Name of Applicant: ______________________________________
Application No. : MDS(Implant Dent)______________________

THE UNIVERSITY OF HONG KONG
Master of Dental Surgery in Implant Dentistry

NOTES ON SUBMISSION OF SUPPORTING DOCUMENTS

Please upload your supporting documents for our preliminary consideration by logging in
http://www.aal.hku.hk/tpg/login.html before the application deadline and within four weeks from the date of the
creation of your account; or post the following documents directly to the Faculty of Dentistry, The University of
Hong Kong, 6/F, Prince Philip Dental Hospital, 34 Hospital Road, Hong Kong by the application deadline.
Your application number should be marked on each document. Transcripts, diplomas, certificates and other
submitted documents which are not in English should be accompanied by a certified translation in English.
Certified translation may be provided by your home institution.

Enclosed (Please tick as appropriate.)

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<td>Transcript. (Please send the Transcript Request Form along with your transcript application form to the institute from which the transcript is requested, if applicable.)</td>
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<td>Degree Certificates</td>
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<td>TOEFL/IELTS * official score report (if requested).</td>
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<td>List of publications (if appropriate).</td>
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# Please note that the University will only ACCEPT originals or copies of the documents that have been duly declared as true copies before a notary public (e.g. a Commissioner for Oaths at a District Office in Hong Kong). Copies of documents may be certified by the appropriate officials of your home institute if you are an overseas applicant. No photocopies will be accepted.

*Please delete as appropriate. Please note that the University’s TOEFL code is 9671.
THE UNIVERSITY OF HONG KONG
Faculty of Dentistry

Master of Dental Surgery in Implant Dentistry

Transcript Request Form

I. To the Applicant: Applicant who did not attach their original official transcript should complete the first part of this form and send it to your former/current institution from which the transcript is requested.

Name of Applicant: ________________________ (________________) in English in Chinese, if any

University/College Attended: ________________________________

Dates of Attendance: From ________________ To ________________

Title of Degree/Diploma: __________________ Date of Award: _______

Programme applied for admission at The University of Hong Kong:

Master of Dental Surgery in Implant Dentistry [MDS(ImplantDent)] (Full-time)

II. To the Officer responsible for issuing transcripts: The applicant named above has applied for admission to a taught postgraduate curriculum at The University of Hong Kong. Please send one copy of the official transcript together with this form directly to:

Miss Amy Fung
Faculty of Dentistry
The University of Hong Kong
6/F, Prince Philip Dental Hospital
34 Hospital Road
Hong Kong
[Ref.: MDS(ImplantDent)]