THE UNIVERSITY OF HONG KONG

Master of Dental Surgery in Oral and Maxillofacial Surgery

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 institution 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 Oral and Maxillofacial Surgery  

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 Oral and Maxillofacial Surgery  
[MDS(OralMaxFacSur)] (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(OralMaxFacSur)]