THE UNIVERSITY OF HONG KONG
Master of Science in Community Dentistry

NOTES ON SUBMISSION OF SUPPORTING DOCUMENTS

Please post the following required 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.)

☐ Original or officially certified copies of the final full academic transcript of complete undergraduate studies #

☐ Officially certified copies of graduation certificate of undergraduate studies #

☐ Official or officially certified copies final full academic transcript of complete postgraduate record #

☐ Officially certified copies of graduation certificate of postgraduate studies #

☐ TOEFL/ IELTS * official score report #

☐ Two reference letters

☐ List of publications/Curriculum vitae (if appropriate)

# 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 Science in Community Dentistry [MSc(CommunityDent)]

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 Science in Community Dentistry [MSc(CommunityDent)] (Part-time/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:

Faculty Office
Faculty of Dentistry
The University of Hong Kong
6/F, Prince Philip Dental Hospital
34 Hospital Road
Hong Kong
[Ref.: MSc(CommunityDent)]