



**SCHOOL OF DENTAL SCIENCES, UNIVERSITI SAINS MALAYSIA**  
**APPLICATION FORM FOR CLINICAL ATTACHMENT**

(Candidate to fill up ONLY PART A – PART D)

**PART A – PROGRAM PARTICULARS**

i) Type of Program:

- Internal Postgraduate Students  
 External Postgraduate Students  
 External Candidate

(please specify: \_\_\_\_\_)

ii) Field of Attachment

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iii) Specialty unit at School of Dental Sciences USM

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iv) Name of Supervisor *[if any]*

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v) Duration of Program:

- 1 month  
 2 months  
 3 months

vi) Expected Date :

|   |   |
|---|---|
| / | / |
| / | / |

**Start Date.** (Example : 01 January 2017)

**Conclude Date.** (Example : 31 Disember 2017)

**PART B - CANDIDATE PARTICULARS**

i) Full Name [as in your ID or Passport] : \_\_\_\_\_ Nationality:

ii) ID or Passport No: \_\_\_\_\_ Passport Expiry Date:

iii) Sex : Male / Female

iv) Date of Birth  /  /  (Example : 01 January 2017)

v) Mobile Phone No. : \_\_\_\_\_ Other Telephone No. : \_\_\_\_\_

vi) Email Address : \_\_\_\_\_ Other Email Address : \_\_\_\_\_

vii) Postal Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

viii) Emergency contact person [name & any contact details – phone no./email etc]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**PART C - ACADEMIC BACKGROUND**

i) Professional Qualification *[if any]*

*State Name of Institution, Qualification, Status of Qualification, Year of Graduation & CGPA/Grade,*

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ii) Doctorate Degree *[if any]*

*State Name of Institution, Qualification, Year of Graduation & CGPA/Grade*

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iii) Master Degree *[if any]*

*State Name of Institution, Qualification, Year of Graduation & CGPA/Grade*

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iv) Undergraduate Degree *[if any]*

*State Name of Institution, Qualification, Year of Graduation & CGPA/Grade*

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**PART D – CAREER BACKGROUND**

i) Current Employment *[If any]*

*State Name of organization, year started working and brief job description*

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ii) Previous Employment *[if any]*

*State Name of organization, year started working and brief job description*

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## DOCUMENTS

[Kindly email scan copy of each degree scroll and academic transcript to [harwani@usm.my](mailto:harwani@usm.my) and cc to [drnurha@usm.my](mailto:drnurha@usm.my)]. Please quote your name and ID/Passport No.

### List of Documents Required:

1. Passport size photographs [3.5cm x 5.0cm] with blue background
2. Passport Copy [all pages-scan the original color only]
3. Postgraduate scroll and academic transcript [scan the original color only]– if any
4. Undergraduate scroll and academic transcript [scan the original color only]– if any
5. Professional scroll and academic transcript – [scan the original color only]– if any
6. Curriculum Vitae
7. Referee Report [Original with letterhead]
8. Dental practicing certificate – if any
  - APC for local candidate stating Hospital Universiti Sains Malaysia (HUSM) as one of the place for practice.

## ENDORSEMENT & APPROVAL

*[This section to be used for endorsement & approval purposed] [Not to be filled up by candidates]*

- i) Agreement by the Main Supervisor (for MSc / PhD postgraduate students)  
Recommended / Not Recommended

Supervisor's Recommendation:

Signature & Stamp:

- ii) Agreement by the proposed Clinical Supervisor:  
Agree / Disagree

Supervisor's Comment:

Signature & Stamp:

Expected Date of Registration:

iii) Approval by Deputy Dean:  
Approve / Disagree

Deputy Deans Recommendation:

Signature & Stamp:

iv) Approval by Dean:  
Approve / Disagree

Dean Recommendation:

Signature & Stamp:

## Program Fees

| <b>Category</b>          | <b>Fee (Month)</b> |          |
|--------------------------|--------------------|----------|
| A – Internal PG Student  | RM 500 (one-off)   |          |
| B – External PG Student  | RM 3050*           | USD 850* |
| C – External Independent | RM 3050            | USD 850  |

\* Fee is not applicable to candidates from institutions that have a valid Memorandum of Agreement (MOA), as per agreed terms.