



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

iii) Specialty unit at School of Dental Sciences USM

iv) Name of Supervisor *[if any]*

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]

PART C - ACADEMIC BACKGROUND

i) Professional Qualification *[if any]*

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

ii) Doctorate Degree *[if any]*

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

iii) Master Degree *[if any]*

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

iv) Undergraduate Degree *[if any]*

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

PART D – CAREER BACKGROUND

i) Current Employment *[If any]*

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

ii) Previous Employment *[if any]*

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

DOCUMENTS

[Kindly email scan copy of each degree scroll and academic transcript to harwani@usm.my and cc to 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

Category	Fee (Month)	
A – Internal PG Student	RM 500	
B – External PG Student	RM 3050*	USD 850*
C – External Independent	RM 3050	USD 850