

Faculty of Dentistry

Practical/Observation Application Form

APPLICANT'S DETAILS					
Name		Gender		Age	
Date of Birth		Current Institution	Name		
IC No. /Passport No.			Country		
Nationality			Course/Programme		
Religion			Level of studies (ie. Undergrad/postgrad)		
Contact Details	Address				
	Phone:				
	Email				

PRACTICAL / OBSERVATION DETAILS							
Discipline (Circle any)	Fixed Prosthodontics	Periodontics	Operative	Endodontics	Community	Paediatric Dentistry	
	Removable Prosthodontics	OMF Surgery	OMF Pathology / Medicine	OMF Diagnostic Imaging	Research	Outreach Programme	
	Orthodontics	Special Needs	Others				
Duration	Month		Day				
Malaysian Dental Council Reg. No. (if available)							
Intended Activity (Please tick)	Clinical Training		Clinical Observation		Lab Training /Observation		Others (please write)

Faculty of Dentistry

SUPERVISION			
Supervisor (s) (from the origin institution)	1		
	2		
Supervisor (s) (UiTM) (Leave blank if none selected yet)	1		
	2		
DISCLAIMER			
I herewith agree to the terms and regulations of the Universiti Teknologi MARA and will observe these details whilst doing practical/observation in its facilities.			
Name of Applicants			
Date		Signature	

Please submit the completed form to:

Deputy Dean (Academic & International)
Faculty of Dentistry ,
Universiti Teknologi MARA,
Jalan Hospital,
4700 Sungai Buloh,
Selangor, MALAYSIA.

Fax : 603 6126 6103

Email: maryatidasor@salam.uitm.edu.my

FOR OFFICE USE ONLY			
Date received			Note
Approval	YES	NO	
Signature			Name
Date			
Centre of Studies			Head CoS
Note			