

Name of Applicant: \_\_\_\_\_  
Application No. : MDS(Orthodontics&DentofacialOrthopaedics)\_\_\_\_\_

**THE UNIVERSITY OF HONG KONG**

**Master of Dental Surgery in Orthodontics and Dentofacial Orthopaedics**

**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 (Attn: Miss Amy Fung) 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.

Please note that you are not required to submit original/certified true copy# of your documents to the University during the application stage. Should you be given an admission offer by the University, you will receive notification to submit certified true copy of your documents.

**Enclosed (Please tick as appropriate.)**

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Transcript. (Please send the Transcript Request Form along with your transcript application form to the institute from which the transcript is requested, if applicable.) |
| <input type="checkbox"/> | Degree Certificates   |
| <input type="checkbox"/> | TOEFL/IELTS * official score report (if requested).   |
| <input type="checkbox"/> | List of publications (if appropriate).  |
| <input type="checkbox"/> | Referees' reports   |

# 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.**

**All documents once submitted will not be returned. They will be destroyed if the application is unsuccessful.**

\*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 Orthodontics and Dentofacial Orthopaedics**  
**[MDS(Orthodontics&DentofacialOrthopaedics)]**

**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 Orthodontics and Dentofacial Orthopaedics** (Full-time)

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- 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(Orthodontics&DentofacialOrthopaedics)]