



SCHOOL OF DENTISTRY
FACULTY OF HEALTH SCIENCES

Application for the Honours Program in Dentistry

Bachelor of Science in Dentistry (Honours)

Duration: One year full time, or equivalent part time

Note: Submission of an application does not constitute an offer of a place in the course

AUSTRALIAN RESIDENTS AND NEW ZEALAND CITIZENS ONLY

Section A: PERSONAL INFORMATION

Title	Dr/Mr/Ms/Mrs/Miss (Please circle)
Surname	_____
Other names	_____
Home address	_____
	_____ Postcode _____
Postal address	_____
	_____ Postcode _____
Telephone (home)	_____
Telephone (work)	_____
Facsimile	_____
email address	_____
Date of Birth:	_____
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Citizenship:	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> New Zealand Citizen
University of Adelaide Student Number	_____ (if previously enrolled)
Intention to study	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Commencement	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2

Section B: UNDERGRADUATE QUALIFICATIONS

Please give details of your undergraduate qualifications and attach original (or certified copies of) transcripts giving subject details and results.

Qualification obtained	Level of Honours obtained	Institution/University	Year of Study	
			From	To

Section C: POSTGRADUATE STUDIES

Please give details of **all** your postgraduate studies (whether completed or not completed) and attach original (or certified copies of) transcripts giving subject details and results.

Qualification obtained	Level of Honours obtained	Institution/University	Year of Study	
			From	To

Section D: RESEARCH PROPOSAL

In consultation with your planned Supervisor(s), prepare a research proposal, following the guidelines described in the BScDent (Hons) Information Booklet.

Proposed Supervisor _____

Please include a supporting statement from your proposed supervisor

Section E: ETHICS APPROVAL

Does your project require approval from:

- Human Research Ethics Committee
- Animal Ethics Committee
- Institutional Biosafety Committee

Section F: REFEREES

Academic Referee

Academic/Professional Referee

Name _____
 Email address _____
 Phone number _____

Name _____
 Email address _____
 Phone number _____

Section G: DECLARATION AND AUTHORISATION

I certify that to the best of my knowledge all documentation and information submitted or made available by me in connection with this application is true, accurate and complete. I acknowledge that the provision of inaccurate or incomplete information may result in the withdrawal of any offer of enrolment or the cancellation of any enrolment allowed on the basis of acceptance of that offer. I consent to the collection, storage and disclosure of information relating to record falsification or other irregular acts in accordance with Universities Australia procedures. I authorise the University of Adelaide to obtain my academic record from other educational institutions. If sponsored I authorise the University of Adelaide to release details of my academic progress to my sponsoring body upon request.

I understand

- That the University of Adelaide is collecting information on this form for the purposes of assessing my entitlement to Commonwealth Assistance under the Higher Education Support Act 2003 and allocation of a Commonwealth Higher Education Student Support Number (CHESSN) to me
- the University of Adelaide will disclose this information to the Department of Education, Science and Training (DEST) for those purposes
- DEST will store this information securely in the Higher Education Information Management System;
- DEST may disclose the information to the Tax Office; and
- the University of Adelaide and DEST will not otherwise disclose this information without my consent unless required or authorised by law

Signature

Date

Section H: CHECKLIST

Have you included the following?

- Research Proposal
- Supporting statement from a proposed supervisor (if available)
- Name and contact details (phone, email) for:
 - a) one academic referee
 - b) one academic/professional referee **
- Evidence of citizenship or Extract of Birth Certificate (Certified Copies) **
- Original Academic Transcripts (or certified copies) **
- Any additional academic qualifications
- List of publications (if applicable)

**** Not required for students currently enrolled at The University of Adelaide.**

The completed form and attachments should be sent to:

Student Manager
The School of Dentistry
The University of Adelaide
ADELAIDE SA 5005

Telephone: 08 8303 5256

Facsimile: 08 8303 3444