



**BACHELOR OF DENTAL SCIENCE
SUPPLEMENTARY APPLICATION FORM INT DENT 2012**

INTERNATIONAL APPLICANTS

CSU contact:

Ms Frances Van Wel

International Officer

FACULTY OF SCIENCE

CHARLES STURT UNIVERSITY

EMAIL: fvanwel@csu.edu.au

Staple a passport sized photograph of applicant here

REQUIRED STANDARDS AND APPLICATION FORMS:

1. All applicants must lodge a DIRECT APPLICATION WITH THE UNIVERSITY or via an INTERNATIONAL RECRUITMENT REPRESENTATIVE. The link for this ONLINE APPLICATION is found via the following website: <http://www.csu.edu.au/apply>.
2. All applicants must also submit a SUPPLEMENTARY APPLICATION FORM: download and email to fvanwel@csu.edu.au. This supplementary application must reach Charles Sturt University by **30 September 2011**. LATE APPLICATIONS CANNOT BE ACCEPTED. The course commences February 2012.
3. Applicants selected for INTERVIEW will be advised BY email in due course.
4. ENGLISH LANGUAGE requirements. The link for English language requirements is: <http://www.csu.edu.au/international/entry-requirements/english-language-proficiency>

<u>PERSONAL DETAILS:</u>	
Given name _____	Family name _____
Date of birth _____	Male/Female _____
Mobile Number _____	Country of birth _____
ADDRESS: _____	EMAIL: _____

School of Dentistry & Health Sciences - office use only	
INTERNATIONAL DENTISTRY	
SUPPLEMENTARY APPLICATION FORM	
RECEIVED BY FAC OF SCIENCE:	
Signature _____	Date _____
REVIEWED BY DENTISTRY PANEL: initial/date _____	

FULL NAME: _____

PLEASE COMPLETE ONE SECTION: A, B or C:

ACADEMIC INFORMATION – Section A

To be completed if have completed Year 12 studies or equivalent (but not yet studied at university):

YEAR 12 (EQUIVALENT) SCORE: _____

SCHOOL NAME: _____

Attach a certified copy of your FINAL YEAR SCHOOL REPORT

Please ask your school principal to verify this by signing below.

Principal's signature: _____

ACADEMIC INFORMATION – Section B

To be completed if you are currently studying at university **OR** have previously studied at UNIVERSITY but have NOT completed a degree.

UNIVERSITY:

COURSE:

COUNTRY:

Attach certified copies of the following:

1. Official Year 12/EQUIVALENT results
2. All university TRANSCRIPTS

ACADEMIC INFORMATION – Section C

To be completed if you have completed University studies and have gained a Bachelor or higher degree:

COUNTRY:

DEGREE:

UNIVERSITY:

COURSE:

DATE COMMENCED:

DATE COMPLETED:

Attach a certified copy of final academic transcripts, including GPA

FULL NAME: _____

DENTAL / ORAL HEALTH / HEALTHCARE EXPERIENCE

List below the dental practices and other health facilities where you have gained experience relevant to your interest in the dental profession and dental sciences. To support each 'experience' you must attach any relevant references, statements from employers.

1. NAME OF FACILITY:

Type of Enterprise:

Practitioner PHONE contact details:

List activities you performed/observed:

Month / Year of experience:

Number of days worked:

2. Name of FACILITY:

Type of Enterprise:

Practitioner PHONE contact details:

List activities you performed/observed:

Month / Year of experience:

Number of days worked:

3. NAME OF FACILITY:

Type of Enterprise:

Practitioner PHONE contact details:

List activities you performed/observed:

Month / Year of experience:

Number of days worked:

FULL NAME: _____

QUESTION to be answered by applicant:

In the space provided (two pages only), write a response to Professor Wilson, Head of School, Dentistry & Health Sciences at Charles Sturt University, addressing the following question:

Why do you want to study at Charles Sturt University?

Why do you want to study DENTISTRY at Charles Sturt University?

Explain why you should be chosen to study at Charles Sturt University?

Dear Professor Wilson

SAMPLE ONLY - new edition 1 August 2011

FULL NAME: _____

Question (Page 2 – in your own handwriting)

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