

Sydney Medical School and the Faculty of Dentistry  
**APPLICATION FOR ADMISSION**  
to the  
**Doctor of Medicine and Doctor of Dental Science**

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Please read this information before completing your application for admission.

**General information**

- Australian citizens, Australian permanent residents and citizens of New Zealand should use this form to apply.
- Complete the application form using BLOCK LETTERS, and where required, write clear crosses in the appropriate boxes.
- Please ensure that the information on your application is complete, that all of the required documentation is included and that the application is legible. **Incomplete or illegible applications may be delayed.**

**Supporting documentation**

- You are required to provide documentation in support of this application. If you do not attach all of the documents required by the faculty, your application may not be considered. The documents you may have to provide include:
  - \* evidence of your residency status,
  - \* proof of change of name,
  - \* academic transcripts for your qualifications,
  - \* evidence of English proficiency,
  - \* information about your record of exclusion,
  - \* information about your technical, professional or other qualifications,
  - \* information about your employment experience.

There is information on the application form about the circumstances under which you must provide documentation. You should provide originals wherever possible, especially of academic documents such as transcripts and English test result notices. Faculty and Student Centre staff can sight original documents and copy them for you so that you need not submit originals with your application.

If your supporting documents are not in English you **must provide** translated versions of those documents in addition to certified copies of the originals. These translations should be official translations such as those produced by the Community Relations Commission (CRC), the Department of Immigration and Citizenship (DIAC), or by an accredited National Accreditation Authority for Translators and Interpreters (NAATI) translator of at least 'Translator' or 'Level 3' status. Please note that if you are providing copies of translations, rather than originals, those copies must also be certified.

**Making inquiries and submitting your application**

- You may direct any inquiries you have about your application to Student Services at [medicine.info@sydney.edu.au](mailto:medicine.info@sydney.edu.au) or (+612) 9351 3132.
- Copies of this and other direct application forms are available at [sydney.edu.au/medicine/future-students/index.php](http://sydney.edu.au/medicine/future-students/index.php)
- Please forward this form to Student Services, Sydney Medical School and the Faculty of Dentistry, A27 – Edward Ford, The University of Sydney NSW 2006, Australia.

You will be advised by email of the result of this application as soon as possible, and if it is successful, details of the enrolment procedure and thesis submission will follow.



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**Application information:**

Course Name

Discipline / School

Thesis Title

I would like to commence  Semester 1  Semester 2 Year:

**Personal Details:**

Family name  Title  Gender

Given names

Previous names (attach documentary evidence of name change)

Student Number (if previously enrolled at the University of Sydney)  Date of Birth

Postal Address

State  Postcode  Country

(Please inform Student Services if your address changes)

Telephone  Mobile

Email

**Please ensure you include a current email address as this will be used for correspondence regarding the outcome of your application.**

**OFFICE USE ONLY**

Document Checklist:  Residency  Transcripts  English (if applicable)  Name Change (if applicable)

Processing:  PAC Approval  FMP  FlexSIS  Offer

Conditions: .....

Comments: .....

**Residency:** Please note that you must provide documentary evidence for the information you provide in this section.

Are you currently a citizen of:

Australia?  or New Zealand?  If so, please provide a certified copy of your birth certificate or a copy of the relevant page from your passport.

OR are you a permanent resident of Australia? **Yes / No**

If yes, please indicate the date your visa was granted (if it was granted in Australia) or the date you first landed in Australia with this visa \*.

If you are not a citizen of Australia or New Zealand. Please indicate of which country you are a citizen \*.

\* Please provide a certified copy of your the relevant pages from your passport showing your citizenship and permanent residency visa and date of arrival (if applicable).

**Aboriginal/ Torres Strait Islander Status:** Please indicate to which one of the following categories you belong.

Neither Aboriginal or Torres Strait Islander  Torres Strait Islander   
Aboriginal  Aboriginal and Torres Strait Islander

**Tertiary qualifications:** All applicants must complete this section. You should provide original academic transcripts in support of your application unless this tertiary study was attempted at the main campus of the University of Sydney. If your documents are not in English you must also attach an approved translation.

Name of tertiary qualification	Honours class	Graduation date	Institution attended

**English proficiency:** If you have not completed a tertiary qualification in Australia and your qualifications were obtained from a university or other institution where the language of instruction was not English, you **must provide evidence** of English proficiency, eg, IELTS, TOEFL or a result from another approved test. You are advised to consult [sydney.edu.au/medicine/future-students/postgraduate/apply-enrol/index.php](http://sydney.edu.au/medicine/future-students/postgraduate/apply-enrol/index.php) before applying if you have studied overseas.

**Record of exclusion:** Please answer the following questions about your academic history. If the answer to any of these questions is yes, please provide full details and copies of any relevant documentation.

Have you ever been excluded or suspended from a course at a university or other tertiary institution for any reason? Yes/No

Have you ever been asked to show cause why your enrolment in any course should not be suspended/terminated? Yes/No

Have you ever been asked to explain unsatisfactory progress in any course? Yes/No

**Other qualifications:** Please list the most relevant technical, professional or other qualifications you possess. Completing this section may not be necessary for admission into all courses.


## Application Checklist

Please read this application carefully to ensure your application meets the requirements. Pay special attention to the procedures for submission to avoid any delays. Please check specific course information at [sydney.edu.au/medicine/future-students/index.php](http://sydney.edu.au/medicine/future-students/index.php)

### Eligibility:

- I have qualified for the award of the degree of Bachelor of Dental Surgery from the University of Sydney **AND**  
 I am a graduate of the Bachelor of Dental Surgery for at least 5 years' standing.

**OR**

- I have qualified for the award of the degree of Bachelor of Medicine from the University of Sydney **AND**  
 I am a graduate of the Bachelor of Medicine for at least 5 years' standing.

**OR**

- I believe I have standing equivalent to that required of a graduate of the Bachelor of Dental Surgery or Bachelor of Medicine of the University of Sydney **AND**  
 a graduate of the degree I consider to be equivalent to the Bachelor of Dental Surgery or Bachelor of Medicine for at least 5 years' standing **AND**  
 have been a full-time member of the academic staff of the University for at least 3 years **OR**  
 I believe I have had such a similar significant involvement with the teaching and research of the that could be considered equivalent. University

### Documentation:

**You are required to provide the following documentation in support of this application.**

**Please Note that documents can be certified by a Justice of the Peace, Solicitor, Police Station or Sydney Medical School or Student Centre Staff.**

- For Australian / New Zealand citizens: One original or certified copy of either a birth certificate, passport, or citizenship certificate.
- For Australian permanent residents: Evidence of permanent residence status and the date you first landed in Australia with this visa.
- For International students: One original or certified copy of your passport.
- Original or certified transcripts of academic record for institutions other than the University of Sydney. Please retain original transcripts if you only have one set.
- IELTS or TOEFL/TWE certificate (if applicable) to meet University English language requirement.
- Proof of name change (if applicable). Marriage certificate or other documentation to verify name change.
- Information about your record of exclusion (if applicable).
- Curriculum vitae outlining employment history , relevant experience and details of your association with the University of Sydney.
- A list of published works.
- A description of the theme of the published work and a statement of how these are related to one another and to the theme.

**Applicant Declaration:** I declare that the information submitted in this application is correct and complete, and I agree that the University may obtain official records from any university or other institution previously attended by me. I undertake to advise the Faculty immediately of any change to the information submitted in this application. I am aware that it is the policy of the University that if my program should result in the lodging of a long essay or dissertation it can be made available for use immediately, either to be read, photocopied or microfilmed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_