

School of Medicine, Dentistry & Nursing

**Application to MBChB Year 3 entry**

**For Dentistry graduate applicants only**

Thank you for your interest in the University of Glasgow Undergraduate Medical School.

Please complete this application form and send to med-sch-admissions@glasgow.ac.uk by **16 October 2023** at the very latest for entry in September 2024.

**Course: A100 MBChB**

All personal information should be entered as it appears on your identification documents.

**Personal Information**

|  |  |
| --- | --- |
| Title (Mr/Mrs/Miss/Ms) |  |
| Surname/Family Name |  |
| Forename(s) |  |
| Date of birth |  |
| Male/Female |  |

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| Correspondence address |  |
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| Home address (if different) |  |
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| Telephone |  |
| Mobile |  |
| Email *(required)* |  |

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| Country of birth |  |
| Area of permanent residence |  |
| Nationality |  |
| Ethnic origin (optional) |  |
| Fee payer (Private Finance, Government Award) |  |

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| --- | --- |
| Disability or additional support requirements (including dyslexia/medical condition) | **Y/N** (please select)If yes, please specify disability or condition  |
| Criminal Convictions(criminal conviction, caution or reprimand) | **Y/N** (please select) |
| GDC Registration Number |  |

**Education Details (High School, College, University)**

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| **Institution** | **Start Date** | **Finish Date** |
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**Academic Qualifications Obtained**

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| **Year** | **Name of** **qualification** | **Subject** | **Grade** **achieved** | **Institution** |
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**Academic Qualifications Pending**

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| **Year** | **Name of** **qualification** | **Subject** | **Grade** **achieved** | **Institution** |
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**Have you applied for any courses via UCAS for entry in 2023 (please circle)? Yes No**

**If yes, please provide your UCAS ID number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you currently hold an offer of a place via UCAS for entry in 2023 (please circle)? Yes No**

**Offers cannot be made to applicants holding an offer elsewhere via UCAS. Please contact us if you wish to discuss this further.**

**Personal Statement**

**Reason for applying, suitability, relevant skills and experience**

**Reference**

Please send a copy of your transcript and two references from your most recent education provider or employer with this application form (please send a scanned copy of the original to med-sch-admissions@glasgow.ac.uk with the original signed reference to be sent by post).

**I can confirm that all the information provided is accurate**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Thank you for your application.*

*We will process as soon as possible and communicate with you by email.*