**Application for Training program in Clinical Dentistry**

**for foreign undergraduates,**

**Faculty of Dental Sciences, University of Peradeniya,**

**Peradeniya, Sri Lanka.**

1. Full Name:
2. Name with initials:
3. Address:
4. Nationality:
5. Passport Number:
6. Educational Qualifications:
7. Name and address of the University where BDS studies were completed:
8. Undergraduate qualifications (Annex the transcripts and the recommendation letter from the University from where BDS training obtained):
9. English language proficiency (indicate the English qualifications and the highest exam conducted in English)
10. Extracurricular activities:
11. I hereby extend my willingness to enroll in the "Training program in clinical dentistry for foreign undergraduates" at the Faculty of Dental Sciences, University of Peradeniya, Peradeniya, Sri Lanka following the rules and regulations laid down by the Faculty of Dental Sciences, University of Peradeniya.

## Signature:

## Date: