

Supplementary Application - 2019 Commencement
 Doctor of Medicine (MD-90850) • Doctor of Dental Medicine (DMD-90860)
 Doctor of Podiatric Medicine (DPM-90870) • Master of Pharmacy (MPharm-51500)

[illegible]

1st course preference	UWA Course code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd course preference	UWA Course code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd course preference	UWA Course code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4th course preference	UWA Course code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please indicate your preferred interview venue ☐ Hong Kong * ☐ Singapore ☐ Perth, WA ☐ Toronto, Canada
* Subject to demand ☐ Vancouver, Canada

Section F / Prerequisites (MPharm only)

All prospective students will also have to demonstrate adequate knowledge of each of the following areas of basic science at a tertiary level;

Chemistry
Mathematics or Stats
Microbiology
Pharmacology

For further information refer to www.medpharm.uwa.edu.au/courses/postgraduate/coursework/mstrpharm/prerequisites
Non UWA students must supply, with their application, information on the content of the units they have studied as evidence they have met the prerequisite knowledge area required

Section G / Declaration and Signature

I declare that the information I have provided in connection with this application is true and complete. I understand that The University of Western Australia reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information. I authorise The University of Western Australia to obtain results/records from any relevant examining body or educational institution. By signing this form, I agree that I have read and understand all the information provided on this application form.

Signature

Date

Information for all Supplementary Applications

1 FORM COMPLETION

This is a supplementary form which must be submitted along with the application in OASys.

2 SUPPORTING DOCUMENTS

For your application to be processed, you must provide supporting documentation such as evidence of English language competence, academic results and admission test results.

3 COURSE CODES

Doctor of Dental Medicine (DMD) – 90860
Doctor of Medicine (MD) – 90850
Doctor of Podiatric Medicine (DPM) – 90870
Master of Pharmacy (MPharm) – 51500

4 APPLICATION SUBMISSION

Submit this completed supplementary form with your application to an authorised UWA overseas representative
www.studyat.uwa.edu.au/international/agents or directly to the University OASys system:
Admissions, M353
The University of Western Australia
35 Stirling Highway, Crawley, Perth
Western Australia 6009, Australia
Tel: +61 8 6488 2477
Email: meddentadmissions@uwa.edu.au

5 OFFER OF INTERVIEW

Applicants will be contacted directly by the Faculty of Health and Medical Sciences Admissions Office advising whether they have made it to the interview stage or not. Interviews will be held in:

ï Singapore, Malaysia* and Canada at the end of July (for applicants from these countries); and

ï Perth in August (for all other applicants).

* Interviews will only be held in Malaysia if there is a great enough demand for this site.

Application Checklist

Please ensure you complete this checklist – this will help ensure your application is processed more quickly. Incomplete applications will not be assessed. Copies of qualifications and transcripts must be certified by a UWA representative or other recognised notary.

- ☐ I have completed all relevant sections of this supplementary application form
- ☐ I have completed the online OASys application
- ☐ A certified copy of my GAMSAT and/or my MCAT scores is attached. DAT, CDAT or ADAT will be accepted for dental applicants
- ☐ I have indicated my preference for interview location in Section E
- ☐ I have provided unit outlines to show I have met or will meet the prerequisites for the MPharm. (non UWA applicants only)
- ☐ I have signed the declaration in Section G