

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 **15 October 2026** at the very latest for entry in September 2027.

Course: A300 MBChB

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

Personal Information

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

Correspondence address	
Home address (if different)	
Telephone	

Mobile	
Email (<i>required</i>)	

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

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)

Institution	Start Date	Finish Date

Academic Qualifications Obtained

Year	Name of qualification	Subject	Grade achieved	Institution

Academic Qualifications Pending

Year	Name of qualification	Subject	Grade achieved	Institution

Have you applied for any courses via UCAS for entry in 2027 (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 2027 (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

A large empty rectangular box with a black border, intended for the applicant to write their personal statement.

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.*