



Please
Attach
2 Passport
Photographs

STUDENT BDS RE-REGISTRATION FORM
ACADEMIC YEAR 2011/2012

First Name:		
Middle Name:		
Family / Tribe Name:		
ODC Student Number:		
Date of Birth (DD/MM/YY):		Sex (M/F):
Civil Number:	Nationality:	Passport Number:
Postal Address:		
Email: (Please Print)		
Re-registration for BDS Year:		GSM Number:
Fees Status - Full Fees Paid:	Partial Fees Paid:	Self Funded:
Parent / Guardian Full Name:		
Relationship to Student:		
Postal Address:		
Occupation / Position:		
Telephone Numbers:		GSM Number:

I understand that settlement of fees, where levied, is required as per invoice.

I agree to abide by the rules and regulations of Oman Dental College as stated in the 2010/11 Student Handbook and to amendments which may be published from time to time.

I also understand that this Re-registration form should be submitted to the Student Affairs Registry before 17/09/2011. Failure to do so may result in non-secure of my place with Oman Dental College.

Student Signature:

Date:

For Office Use Only

Tuition Fee received:

Photographs received:

BDS Year:

Registered:

Signature: