



**Application Form for Admission to  
Mansoura-Manchester Dental Programme  
[Undergraduate]  
Faculty of Dentistry, Mansoura University**



Full Name [Capital Letters]		Personal Photo
Date of Birth [DD/MM/YY]		
Place of Birth [Country, City/Town]		
Nationality (please state in case of multiple nationalities):		
National ID Number for Egyptians:		
Passport Number for Non-Egyptians:		
Personal Email Address:		
Mailing Address:		
Phone Number /s:		
High School [Name & Address]:		
Type of High School Diploma [i.e.; Egyptian, American, IGCSE...etc.]		
High School Education Language:	English [    ], Arabic [    ], Other [.....]	
Cumulative High School Graduation Grade:		
Other Previous Education if Applicable [College or University]:		
Extracurricular Activities, Hobbies, Skills:		

**Mansoura-Manchester Dental Programme,  
Mansoura University, Faculty of Dentistry, Egypt**

**Hotline: +201100097707  
E-mail: mmdp@mans.edu.eg**

**Tel/Fax: 002050 2202835  
www.mmdp.mans.edu.eg**

**www.facebook.com/IBL dentistry**

**Application Fees:  
500 L.E**