

**THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER  
AT SAN ANTONIO - DENTAL SCHOOL**

**Visiting Predoctoral Dental Students  
Application for Externship**

Date of Application \_\_\_\_\_

Student's Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

E-mail Address \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Dental School in which enrolled \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Current Status as Student: \_\_DS 1 \_\_DS 2 \_\_DS 3 \_\_DS 4

Citizenship Status \_\_\_\_\_

Name of Associate Dean for  
Academic Affairs or Equivalent \_\_\_\_\_

Telephone Number \_\_\_\_\_ FAX Number \_\_\_\_\_

Name of Externship Requested \_\_\_\_\_

Number of Weeks Requested \_\_\_\_\_

Beginning (date) \_\_\_\_\_ and ending (date) \_\_\_\_\_

Please briefly describe your reasons for wanting to attend this externship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please initial one:

- 1. I will bring proof of valid dental malpractice insurance from my school making me eligible for participation in an externship.
- 2. If accepted for an externship, I will apply for dental malpractice insurance through ASDA by calling 800-282-0593, extension 4173.

Please initial each of the following statements after you have read and understand them:

- 1. I understand that I must register at the Dean's Office when arriving on campus.
- 2. I understand that I will not be required to pay tuition.
- 3. I understand that I am responsible for my own travel, room, board and personal expenses including medical and dental, and that the Health Science Center does not have dormitory facilities.

Signature of Applicant \_\_\_\_\_

-----  
The applicant has permission to attend an externship at the UTHSCSA Dental School for the time period specified in this application.

Signature \_\_\_\_\_  
*Associate Dean for Academic Affairs (or Equivalent) of student's Dental School*

-----  
Complete the application and fax or mail to: Associate Dean for Academic Affairs  
UTHSCSA Dental School  
Mail Code 7906  
7703 Floyd Curl Drive  
San Antonio, Texas 78229-3900  
Telephone Number: (210) 567-3175  
FAX Number: (210) 567-6721

-----  
*For UTHSCSA Use Only:*

- We can accept the student at the time requested.
- We cannot accept the student for an externship.
- We cannot accept the student at the time requested but the student could attend (alternate time) \_\_\_\_\_

Signature of externship director \_\_\_\_\_

Date \_\_\_\_\_