APPLICATION FOR ADMISSION

Dental School Advanced Education Programs

This application should be typed or printed in black ink.

1. Social Security Number _________ - _________ - _________

2. Date of application: ________ / ________ / _________
   MO. DAY YR.

3. Projected entry date: __________________

4. Program for which you are applying:
   [ ] Dental Diagnostic Sciences
   [ ] Periodontics
   [ ] Prosthodontics

5. Legal Name ___________________________________________________________________________________________________
   (Last) (First) (M) (Other, if applicable)

6. CURRENT MAILING ADDRESS:

   (Street) __________________________________________________________________________________________

   (City) __________________________ (State) __________________________ (Zip) __________________________

   Day Phone: ( ) __________________________ During Hours: __________ to __________

   E-Mail Address: ______________________________________________________________________________

7. PERMANENT ADDRESS:

   (Street) __________________________________________________________________________________________

   (City) __________________________ (State) __________________________ (Zip) __________________________

8. Male [ ] Female [ ]

   Date of birth: ______ / _____ / ______

9. Place of birth: __________________________
   (City) (State) (County)

10. U.S. Citizen? [ ] Yes [ ] No

   If No, give country of citizenship: ______________________________________________________________

11. Type of visa _____________________________________ Expiration Date ______________________

12. Legal Resident of Texas? [ ] Yes [ ] No

   If Yes, county of residence: __________________________ How long? __________

   If no, state of legal residence ______________________________________________________________

13. Are you a member of the Armed Forces on duty in Texas, or a dependent or spouse? [ ] Yes [ ] No

   Branch of Service of Military Member: __________________________ Date of Entry __________

   Active Duty [ ] Reserves [ ]

14. Have you applied to any of The University of Texas System's graduate or professional schools in prior years? List schools and dates.

   __________________________________________________________________________________________

15. __________________________

   All Non U.S. students must have appropriate visas and immigration documents.

   Ethnicity*: _________

   Use appropriate code from

   I – American Indian  M – Mexican American  B – Black American

   O – Oriental American  P – Mainland Puerto Rican  S – Other Spanish Surname

   X – White Caucasian  E – Other Minority

   * Information requested regarding the applicant’s race or ethnicity is voluntary, and will be used in a nondiscriminatory manner, consistent with applicable civil rights laws.

Legal Name __________________________

Social Security Number __________________________
16. Check below to indicate the admission tests which you have taken or will take. The GRE is required for all Master’s Degree candidates and for graduates of dental schools not accredited by the Commission on Dental Accreditation. (Application to the Graduate School of Biomedical Sciences which awards the Master’s Degree occurs during the first year of the respective advanced education program.) The TOEFL is required of applicants from countries where English is not the native language.

- Graduate Record Examination Aptitude Test (GRE)
  
  - Date taken/scheduled _______________
  - Score (if known) Verbal __________ Quant. _________ Analyt. __________

- Test of English as a Foreign Language (TOEFL)
  
  - Date taken/scheduled _______________
  - Score (if known) ________________

17. In the space below, list ALL colleges, universities, and professional schools attended in chronological order. (Include any you plan to attend prior to enrollment).

<table>
<thead>
<tr>
<th>Month &amp; Year Attended</th>
<th>Name of School</th>
<th>Location (City, State)</th>
<th>Major</th>
<th>Diploma/Degree and Date (conferred or expected)</th>
</tr>
</thead>
<tbody>
<tr>
<td>From</td>
<td>To</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(if additional space is necessary, use separate sheet.)

An official transcript from EACH college, university, or professional school is required.

18. List below continuing education courses completed.

<table>
<thead>
<tr>
<th>Date</th>
<th>Course Title</th>
<th>Clock Hours</th>
<th>Instructor</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(if additional space is needed, use separate sheet.)

19. List employment SINCE dental school graduation if applicable.

<table>
<thead>
<tr>
<th>Name of Firm or Organization</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Month</td>
<td>Year</td>
</tr>
<tr>
<td>City and State</td>
<td>Title</td>
<td></td>
</tr>
<tr>
<td>Name &amp; Title of Immediate Supervisor</td>
<td>Job Duties</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Firm or Organization</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Month</td>
<td>Year</td>
</tr>
<tr>
<td>City and State</td>
<td>Title</td>
<td></td>
</tr>
<tr>
<td>Name &amp; Title of Immediate Supervisor</td>
<td>Job Duties</td>
<td></td>
</tr>
</tbody>
</table>

(if additional space is needed, use separate sheet.)

20. List publications and research completed.

___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

21. Honors or awards or special recognition while in college or dental school.

___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
22. List states in which you are licensed to practice dentistry.

___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

23. How do you plan to finance your postgraduate education?

___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

Do you plan to apply for a Teaching Assistantship? ________________

24. List the names and addresses of the three persons you will ask to provide references.

1) _______________________________________________________________________________________________________
2) _______________________________________________________________________________________________________
3) _______________________________________________________________________________________________________

Please note sections 25 and 26 on back of this page.

If I understand that applications are not regarded as “complete” until all supporting papers have been received; therefore, it is in my interest to see that these documents are submitted as promptly as possible. It is also my understanding that official transcripts sent directly from each school attended must be received as soon as possible and at the end of each successive semester or quarter for as long as my application is being considered. Official transcripts showing additional work after acceptance must also be supplied.

I affirm that, if I have claimed to be a legal resident of Texas in this application, that I am a legal Texas resident and will, if required by the institution, provide substantiating evidence.

I understand that prior to acceptance into any residency program at UTHSCSA, applicants must clear a screening process to ensure they are not listed by a federal agency as excluded, suspended or otherwise ineligible for participation. This includes judgments rendered about federally issued student loans, Medicare, Medicaid and other federal fraud, and for males, the Selective Service System.

I am not currently under charge or have not been convicted of a felony or misdemeanor other than minor traffic violations, or an equivalent charge or conviction in any non-U.S. jurisdiction.

I have not been subject in the U.S. or elsewhere, to disciplinary actions related to professional competence or conduct by any state or other dental licensing board, hospital, health care organization or professional association; such licensure actions to include revocation, suspension, censure, reprimand, probation or surrender.

I certify that the information in this application is complete and correct to the best of my knowledge and belief and that submission of any false information is grounds for rejection of my application, withdrawal of any offer of acceptance, or dismissal after enrollment. I understand that the information supplied in this application is subject to verification.

Signature of Applicant

Additional Information required to complete your application file:

1) An up-to-date official transcript sent directly to the institution from each college, university or professional school you have attended.

2) Letters of recommendation sent directly to the Associate Dean for Advanced Education by the three individuals listed in Section 24.

3) The GPA/Class Rank form completed by the Office of the Dean of the Dental School you attended and returned directly to the Associate Dean for Advanced Education.

4) An official or certified copy of scores from all National Board Examinations that you have taken.

5) Graduate Record Examination (GRE) Aptitude Test scores (minimum of 1000 combined score on the verbal and quantitative portions required) sent directly to this institution (Code No. R6908-8) from the Educational Testing Service if applicant wishes to receive a Master’s Degree or is a graduate of a dental school which has not been accredited by the Commission on Dental Accreditation.

6) Scores from Test of English as a Foreign Language (TOEFL) sent directly to this institution if applicant is from a country where English is not the native language. (Minimum TOEFL score of required: Written exam - 550; Computer-based exam - 213).

APPLICATION DEADLINES

<table>
<thead>
<tr>
<th>Program</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Diagnostic Science</td>
<td>(210) 567-3346 • Jan.</td>
</tr>
<tr>
<td>Advanced Dental Education</td>
<td>(210) 567-3589 • Aug 1</td>
</tr>
<tr>
<td>Periodontics</td>
<td>(210) 567-6460 • Sep. 15</td>
</tr>
</tbody>
</table>

Mailing address for this application, reports, transcripts, recommendations and future correspondence regarding this application:

Associate Dean for Student Affairs
The UTHSCSA Dental School – MSC 7906
7703 Floyd Curl Drive
San Antonio, Texas 78229-3900
(210) 567-6082
25. Please describe the professional goals you hope to achieve by pursuing postgraduate study. (Attach a separate sheet if more space is needed.)

26. If you wish to make a statement or provide other information which you consider pertinent to your application, you may attach a separate sheet to this application.

Thank you for your careful attention to all aspects of the application.
**ADVANCED EDUCATION PROGRAMS IN DENTISTRY**

Applicants to Advanced Education Programs in Dentistry need to submit this form to the Office of the Associate Dean for Student Affairs from which they graduated or plan to graduate.

<table>
<thead>
<tr>
<th>Applicant’s Name</th>
<th>Dental School</th>
<th>Year of Graduation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GPA</th>
<th>Rank in Class</th>
<th>Number of Students in Class</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Freshman Year**

**Sophomore Year**

**Junior Year**

**Senior Year**

**Cumulative**

**Signature**

Dean, Dental School ____________________________ Date ____________________________

This form should be returned to:

**Associate Dean for Student Affairs**
UTHSCSA Dental School – MSC 7906
7703 Floyd Curl Drive
San Antonio, Texas 78229-3900