

List all colleges and universities attended, date of attendance, and degree granted:

COLLEGES / UNIVERSITIES	Date of Attendance		DEGREE
	From	To	

List research experience and scientific or clinical publications:

RESEARCH EXPERIENCE	SCIENTIFIC / CLINICAL PUBLICATIONS

List research interests:

1. _____
2. _____
3. _____

Have you taken the National Board ?

Yes No

If NO, proposed test date: _____

If YES, please provide SCORE: _____

Have you taken the ABO?

Yes No

If NO, proposed test date: _____

If YES, please provide year _____

How do you plan to finance your tuition and living expenses if accepted to the University of Connecticut School of Dental Medicine?

Signature: _____

Date: _____