

Division of Oral and Maxillofacial Surgery

*Application for Oral and Maxillofacial Surgery Externship
At the University of Connecticut and Affiliated Hospitals*

Please type:

Name: _____

Signature: _____

Present Address: _____

Phone (Home): _____

Phone (Office / School): _____

Dental School: _____

Expected Year of Graduation: _____

Please forward all of the following:

- Photocopy of National Dental Board Scores – Part 1
- Letter of recommendation from Chief of Oral and Maxillofacial Surgery
- Letter of recommendation from Dean, with class rank
- Photocopy of dental school transcript
- Completed application
- Resume (please include Bachelors Degree information, including GPA)
- A one paragraph essay describing your motivation to participate in an externship.

Your application will not be reviewed until all application materials have been received.

Please email or fax all materials to:

Kim Giove
Administrative Program Coordinator
Oral and Maxillofacial Surgery

Email: giove@uchc.edu

Fax: (860) 679-1702