UCONN
SCHOOL OF DENTAL MEDICINE

Application for Admission to Postgraduate Certificate Master of Dental Science (MDS) and/or Ph.D. Programs

1. **Program:** Please check the box for the program you are applying for:

Advanced Education in General Dentistry	☐ Certificate
Endodontology	☐ Certificate ☐ Certificate/MDS ☐ Certificate/Ph.D.
Oral and Maxillofacial Radiology	☐ Certificate ☐ Certificate/MDS ☐ Certificate/Ph.D.
Oral Medicine	☐ Certificate/MDS ☐ Certificate/Ph.D.
Oral and Maxillofacial Surgery	☐ Certificate/MD ☐ Certificate ☐ Certificate/Ph.D. ☐ Certificate/MD/Ph.D.
Orthodontics	☑ Certificate/MDS ☐ Certificate/Ph.D.
Pediatric Dentistry	☐ Certificate ☐ Certificate/MDS ☐ Certificate/Ph.D.
Periodontology	☐ Certificate ☐ Certificate/MDS ☐ Certificate/Ph.D.
Prosthodontics	☐ Certificate ☐ Certificate/MDS ☐ Certificate/Ph.D.

2. **Demographic Information**

Name (Must be your legal name, i.e., as it appears on your Passport or Visa):

_____

Last First Middle

Permanent Address: _____

_____

Mailing Address (if different from above): _____

_____

Current Phone #: _____ Permanent Phone #: _____

Email Address: _____

Date of Birth: _____ Gender: _____

Citizenship: ☐ U.S.A. ☐ Permanent U.S. Resident Visa Status: _____