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 ☐ Certificate/MD ☐ 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: _____ Social Security Number: _____

Date of Birth: _____ Gender: _____

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

3. **Career Goal**

I am interested in a program leading to a career in:

☐ Teaching and Research ☐ Dental Practice ☐ Other

4. **Proposed Starting Date** July of _____

**5. Letters of Recommendation**

Please list three individuals (other than the Dean of your dental school) from whom you have requested letters of recommendation. It is suggested that at least one of these references be from an individual who is involved with the area to which you are applying.

| Name | Address |
|---|---|
| | |
| | |
| | |

**6. Pre-Professional Education**

Please list all colleges and universities attended, dates of attendance, and degree granted.

| Institution | Dates of Attendance From | To | Degree Received |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**7. Professional Education**

Please list dental or medical schools or other graduate schools that you have attended.

| Institution | Dates of Attendance From | To | Degree Received |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**8. Major Postgraduate Training**

Please list major postgraduate training, including fellowships, internships, and residencies.

| School/Hospital | Date of Attendance | Course | Certificate or Degree Received |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**9. Awards**

Please list academic distinctions, fellowships, scholarships, awards, or prizes awarded in college, dental school, or subsequently (attach separate sheet if necessary).

_____

_____

**10. Research/Teaching Experience**

Please indicate whether or not you have had any research or teaching experience.

_____

_____

**11. Scientific/Clinical Publications**

Please list scientific or clinical publications, abstracts or presentations. (Attach separate sheet if necessary, and include any available reprints.)

_____

_____

**12. Education: Continuous**

If your education has not been continuous or if you are not now in school, please give details.

_____

_____

**13. States Licensed**

Please list the states in which you are licensed to practice dentistry

_____

_____

**14. Private Practice:** Have you ever been engaged in the private practice of dentistry? If so, please provide the following information (attach separate sheet if necessary).

| Location | Type of Practice | FT/PT | Dates | Name of Dentist You Have Been Associated With |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**15. National Boards**

Have you taken the National Boards, Parts I and II? ☐ Yes ☐ No

If no, proposed test date: _____

If yes, please provide scores: Part I: _____ Part II: _____

**16. Graduate Record Examination**

Have you taken the Graduate Record Examination?

☐ Yes ☐ No ☐ It is not required for the program to which I am applying.

If yes, score: V____%____ Q____%____ A____%____ Test Date: _____

**17. Finance**

How do you plan to finance your postgraduate education if you are accepted to the University of Connecticut School of Dental Medicine?

_____

_____

**18. International Applicants Only**

If your native language is not English, you must furnish evidence of your ability to use the English language by submitting TOEFL (Institution Code is 3938) results with a score in excess of 550 (written version), 79 (electronic version) before the application can be processed. All credentials must be submitted in the English language or accompanied by a certified translation.

**19. Master of Dental Science Degree**

Applicants are required to submit an official transcript of the National Dental Board Examination, Part I.

**20. Brief Essay**

In the space below, please discuss your reasons for wishing to pursue specialized training at the University of Connecticut School of Dental Medicine and how you became interested in the field. You may also include any other significant information that you feel may influence your application (Please attach additional pages if necessary.).

Signature_____ Date: _____

Please mail your completed application along with supplemental information (letters of recommendation, transcripts, etc.) to University of Connecticut School of Dental Medicine Program of interest. You will find addresses and names of each Program on our website:
**https://dentalmedicine.uconn.edu**