



**UNIVERSITY OF MARYLAND**  
BALTIMORE COLLEGE OF DENTAL SURGERY,  
DENTAL SCHOOL

**APPLICATION FOR ADMISSION**  
Advanced Dental Education  
Office of Admissions  
Dean's Suite – 6<sup>th</sup> Floor South  
650 West Baltimore Street Room 6407  
Baltimore, Maryland 21201-1586  
(410)706-7472

**FOR ADMISSIONS OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Application Number: \_\_\_\_\_ Fee:  \$85.00 or  PASS Program  
Residence:  In-State  Out-Of-State  International

PLEASE ATTACH A 2x2 PHOTOGRAPH TO THIS APPLICATION.  
PLEASE TYPE OR PRINT IN INK. ANSWER ALL QUESTIONS.

1. NAME \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_  
First MI Last

2. FORMER NAME(S) (if applicable) \_\_\_\_\_  
First MI Last

3. CURRENT HOME ADDRESS: \_\_\_\_\_ DAY: \_\_\_\_\_  
Number & Street (Area Code) Telephone Number  
City State Zip

4. PERMANENT ADDRESS: \_\_\_\_\_ EVENING: \_\_\_\_\_  
Number & Street (Area Code) Telephone Number  
City State Zip

5. E-MAIL ADDRESS: \_\_\_\_\_

6. ARE YOU A US CITIZEN?  YES  NO IF NO, COUNTRY OF WHICH YOU ARE A CITIZEN: \_\_\_\_\_  
OR  
PERMANENT RESIDENT?  YES  NO

TYPE OF VISA \_\_\_\_\_ EXPIRATION DATE OF VISA \_\_\_\_\_

ALIEN REGISTRATION NUMBER \_\_\_\_\_ DATE OF ISSUANCE: \_\_\_\_\_

7. GENDER:  MALE  FEMALE AGE: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

8. ETHNIC IDENTIFICATION  HISPANIC  NON-HISPANIC

9. RACE  AMERICAN INDIAN / ALASKAN NATIVE  CAUCASIAN / WHITE  
Please select one or more races to indicate what you consider yourself  ASIAN / PACIFIC ISLANDER  BLACK

**SPECIAL INSTRUCTIONS:**

**FOR NON-PASS PROGRAMS ONLY (PERIODONTICS AND PROSTHODONTICS):** A non-refundable application fee must accompany this application. On a separate sheet, please include an essay describing your objectives pertaining to the field in which you plan to study. Include contemplated research projects and professional career goals.

**FOR PASS PROGRAMS (AEGD, ENDODONTICS, ORAL-MAXILLOFACIAL SURGERY, ORTHODONTICS, AND PEDIATRIC DENTISTRY):** There is no application fee required.

**10. PROGRAM FOR WHICH YOU ARE APPLYING:**

**CERTIFICATE PROGRAMS**

- Advanced Education in General Dentistry (12 months)
- Advanced Education in General Dentistry (24 months)
- Endodontics (36 months)
- Pediatric Dentistry (24 months)
- Periodontics (36 months)
- Prosthodontics (36 months)
- Oral – Maxillofacial Surgery (4 years)

**COMBINED CERTIFICATE / DEGREE PROGRAMS**

- Advanced Education in General Dentistry / M.S.
- Endodontics / M.S.
- Oral – Maxillofacial Surgery / M.D. (6 years)
- Orthodontics / M.S.O.B. (36 months)
- Pediatric Dentistry / M.S.
- Periodontics / M.S.
- Prosthodontics / M.S.

Applicants for advanced degrees will be notified of additional application materials and fee(s) required by the Graduate Program (for M.S.) or School of Medicine (for M.D.) for dual registration. An additional period of 6 to 12 months may be required to complete M.S. degree requirements.

11. **LIST BELOW THE OFFICIAL NAME OF EACH INSTITUTION ATTENDED.** You must have one copy of the official transcript from each college attended. To expedite evaluation of the application, an unofficial transcript may be attached to your application. This will serve only until the official transcript has been received. NO ACTION WILL BE TAKEN WITHOUT ALL TRANSCRIPTS.

**NON-U.S. CITIZENS:** Please provide a course-by-course evaluation from either ECE or WES.

SCHOOL NAME	STATE	DATES ATTENDED		MAJOR	DEGREE AWARDED	DATE DEGREE AWARDED	CUM GPA
		FROM	TO				
Bachelor's Degree							
Professional Degree							CLASS STANDING /
Graduate Degree							

12. **TEST OF ENGLISH AS A FOREIGN LANGUAGE (TOEFL)** is required for non-native English speaking individuals. Please have the testing agency send an official copy of the test results to the Office of Admissions and Career Advancement.

Date Taken: \_\_\_\_\_ Score: \_\_\_\_\_  Computer Based Test  
 Written Test

13. **LIST ACADEMIC HONORS, AWARDS, CERTIFICATES, HONORARY SCHOLARSHIPS, MEMBERSHIPS AND OFFICES HELD IN PROFESSIONAL SOCIETIES (USE ADDITIONAL SHEET IS NECESSARY).**

\_\_\_\_\_  
 \_\_\_\_\_

14. **PROFESSIONAL EVALUATIONS / LETTERS OF RECOMMENDATION:**

**NOTE:** For Oral Maxillofacial Surgery, recommendation letters must include one from an Oral-Maxillofacial Surgeon, and one from the chair of Oral-Maxillofacial Surgery at your dental school.

**PASS PROGRAMS:**

Applicants should submit the required evaluations through PASS for the program for which they are applying. Please review the PASS and University of Maryland School of Dentistry websites for program application requirements.

**NON-PASS PROGRAMS:**

Applicants should use the Letter of Recommendation Form provided on our website for submission with Letters of Recommendation. Please visit the University of Maryland School of Dentistry website for application requirements.

15. **IN WHAT STATE(S) ARE YOU LICENSED TO PRACTICE DENTISTRY?**

LICENSE NO. \_\_\_\_\_

16. **RESEARCH ACTIVITIES: GIVE DATE, LOCATION, ACADEMIC RANK OR POSITION, BRIEF PROJECT DESCRIPTION (USE ADDITIONAL SHEET IF NECESSARY).**

\_\_\_\_\_  
 \_\_\_\_\_

17. **LIST PUBLISHED MATERIALS OR OTHER EVIDENCE OF CREATIVE OR PROFESSIONAL ACHIEVEMENT (USE ADDITIONAL SHEET IF NECESSARY).**

\_\_\_\_\_  
 \_\_\_\_\_

18. **LIST EMPLOYEMENT AND MILITARY EXPERIENCES (INCLUDE SUMMER EMPLOYMENT) CHRONOLOGICALLY FOR THE PAST TWO YEARS OR SINCE DENTAL SCHOOL. GIVE TITLES OR POSITIONS, ADDRESSES AND DATES (USE ADDITIONAL SHEET IF NECESSARY).**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

19. **MILITARY SERVICE** \_\_\_\_\_

**ACTIVE DUTY** \_\_\_\_\_

**VETERAN (list dates of service)** \_\_\_\_\_

**Non-Veteran** \_\_\_\_\_

20. **DO YOU WISH TO BE CONSIDERED FOR IN-STATE TUITION STATUS?**

**YES**, If yes, print county of residence: \_\_\_\_\_

**NO**, If no, print your state of residence: \_\_\_\_\_

Applicants seeking in-state status MUST complete the APPLICATION FOR IN-STATE RESIDENCY. Use N/A for any question that does not apply to your situation. The University reserves the right to request additional information if necessary. In the event the University discovers that a student has supplied false or misleading information, the University may bill retroactively to recover the difference between in-state and out-of-state tuition for all semesters involved. In the event students are misclassified, the University reserves the right to bill for out-of-state rate for the current and subsequent semesters. If you, your spouse and/or parent (legal guardian) are regular employees of the University of Maryland System and reside outside of Maryland, please attach a letter of verification from the Human Resources Office of the campus at which you, your spouse or parent (legal guardian) are employed.

**OUT OF STATE APPLICANTS NEED NOT COMPLETE THE APPLICATION FOR IN-STATE RESIDIENCY.**

I certify that the information recorded on this application is correct. I agree to abide by the rules, policies, and regulations of the University of Maryland if I am admitted as a student. If the conditions affecting my status change, I will notify the University of Maryland in writing within fifteen (15) days of such change.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_