

**APPLICATION FOR CLERKSHIP PROGRAM** (Prior to applying for a clerkship, students should read the clerkship program information and guidelines.)

**TO: CLINICAL PROGRESSION COMMITTEE**

I would like to apply for the clerkships listed below: (Mark only two choices - 1st choice – 1; 2nd choice – 2)

**Clerkship**

- |  |  |
|--|--|
| <input type="checkbox"/> DBMS Basic Sciences               | <input type="checkbox"/> Oral-Maxillofacial Surgery      |
| <input type="checkbox"/> DBMS Research                     | <input type="checkbox"/> Orthodontics                    |
| <input type="checkbox"/> Diagnostic Sciences/Oral Medicine | <input type="checkbox"/> Orthodontics (research and lab) |
| <input type="checkbox"/> Extramural Geriatric Program/VA   | <input type="checkbox"/> Pediatric Dentistry             |
| <input type="checkbox"/> Implants                          | <input type="checkbox"/> Special Patient Program         |

**I am interested in applying for the Advanced General Dentistry Clerkship in the spring semester.**

**(Rising Year IV Students ONLY)**

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**RETURN CLERKSHIP APPLICATIONS BY MAY 9. APPLICATIONS SHOULD BE SUBMITTED FOR THE FIRST SEMESTER ONLY.**

**PLEASE RETURN SECOND SEMESTER CLERKSHIP APPLICATIONS BY DECEMBER 1. ALL APPLICATIONS SHOULD BE SUBMITTED TO MS. THERESA PATE, OFFICE OF ACADEMIC AFFAIRS, DEAN'S OFFICE**