



## Application for Admission

### Oral & Maxillofacial Surgery International Internship Program

#### Personal Information:

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
(Last [Family]) (First) (Middle) (Country/Area Code) Number

Home Address \_\_\_\_\_ Fax \_\_\_\_\_  
(Street) (Country/Area Code) Number

\_\_\_\_\_  
(City) (Country) (Mail Code)

E-mail \_\_\_\_\_

U.S. Address (if any) \_\_\_\_\_ Telephone \_\_\_\_\_  
(Street) (Area Code) Number

\_\_\_\_\_  
(City) (State) (Zip Code) (Passport # - Current US Visa Status)

Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

Country of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Country of Permanent Residence: \_\_\_\_\_

## Education

List all colleges, universities, graduate schools and professional schools at which credit has been earned.

INSTITUTION	DATES ATTENDED		MAJOR AND MINOR FIELDS	DEGREE AND DATE
	FROM	TO		

## Professional Experience

INSTITUTION or ORGANIZATION	DATES ATTENDED		NATURE OF WORK
	FROM	TO	
Teaching:			
Private Practice:			
Teaching:			
Private Practice:			
Research:			
Research:			
Military Service:			
Other:			

**Present Occupation:** \_\_\_\_\_

**Professional Organizations**

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**Immigration Status**

Are you currently in the U.S.?  Yes  No

If yes, please indicate your current immigration status: \_\_\_\_\_

If yes, please check one of the following:

I will be leaving the U.S. and returning before I begin the program at the University of Maryland School of Dentistry \_\_\_\_\_

I plan to stay in the U.S. on my current immigration status, until the start of my next academic program.

Date leaving the U.S. \_\_\_\_\_ Date returning to the U.S. \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

**English Language**

Languages spoken: \_\_\_\_\_

If your native language is not English, it will be necessary for you to take the TOEFL (Test of English as a Foreign Language). Your score for TOEFL must meet the minimal requirements. All applicants must submit the TOEFL (Internet-based test).

## Statement of Purpose

Insert below a statement describing your general interests. Include your professional and research interest, career expectations and what you expect to gain from this program.

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I hereby certify that I have answered all of the questions completely and truthfully, I understand that misrepresentation of any portion of this application, including supporting credentials and documents, may be cause for cancellation of my admission. I also understand that all credentials and documents that I submit become the property of the University of Maryland, School of Dentistry.

Signature \_\_\_\_\_ Date \_\_\_\_\_