



**Application For Admission**  
Advanced Endodontic Dentistry Program  
For Internationally-Trained Dentists

**Instructions:**

1) Complete all sections of the application. 2) Attach passport biographical page. 3) Attach an official copy of your dental school transcripts to this application. 4) Select three persons with knowledge of your skills and potential to serve as references and have each complete and return a confidential letter of recommendation. 5) \$160 application fee paid in U.S. dollars in the form of either traveler's checks or a check drawn from a U.S. bank, made payable to the University of Maryland School of Dentistry Continuing Education. **Applicants will be considered only after this application and all other items are received by University of Maryland School of Dentistry. Please do not staple applications together.**

**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: \_\_\_\_\_ Marital Status: \_\_\_\_\_ No. of Children: \_\_\_\_\_  
MM/DD/YYYY

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

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

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

US Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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**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	
<u>Teaching:</u>			
<u>Private Practice:</u>			
<u>Teaching:</u>			
<u>Private Practice:</u>			
<u>Research:</u>			
<u>Research:</u>			
<u>Military Service:</u>			
<u>Other:</u>			
<u>Military Service:</u>			
<u>Other:</u>			

Present Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

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**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 ibt (Internet-based test).

**Statement of Purpose**

Insert below a statement describing your general interests. Outline your reasons for enrolling in The Advanced Orthodontic Program. Include your professional and research interest, career expectations and what you expect to gain from this program.

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**Proposed Term of Enrollment**

Check one:  **January**       **July**  
 **6 months** \_\_\_\_\_  **1 year** \_\_\_\_\_

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 \_\_\_\_\_