



APPLICATION FOR ADMISSION
Advanced Dental Education
 Office of Admissions
 Dean's Suite - 6th Floor South
 650 West Baltimore Street Room 6407
 Baltimore, Maryland 21201-1586
 (410)706-7474

FOR ADMISSIONS OFFICE USE ONLY

Date Received: _____ Application Number: _____ **DIRECT** or **PASS APPLICATION**

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: _____
Number & Street

City State Zip DAY: _____
(Area Code) Telephone Number

4. PERMANENT ADDRESS: _____
Number & Street

City State Zip EVENING: _____
(Area Code) Telephone Number

5. E-MAIL ADDRESS: _____

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

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. ETHNICITY _____ HISPANIC OR LATINO NOT HISPANIC OR LATINO

AMERICAN INDIAN / ALASKAN NATIVE BLACK / NON-HISPANIC

9. RACE _____ ASIAN / PACIFIC ISLANDER CAUCASIAN / WHITE

SPECIAL INSTRUCTIONS:
 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 ORAL-MAXILLOFACIAL SURGERY: *There is no application fee required.*

FOR DIRECT APPLICATIONS: *A non-refundable application fee must accompany this application.*

10. PROGRAM FOR WHICH YOU ARE APPLYING: _____

Oral - Maxillofacial Surgery (4 years) Oral - Maxillofacial Surgery / M.D. (6 years)

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.

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				
Undergraduate							
Graduate							CLASS STANDING /
Professional							

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.

- Computer Based Test
 Written Test

Date Taken: _____

Score: _____

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

14. **PLEASE LIST THE NAMES OF THREE PERSONS, PREFERABLY SUPERVISORS OR PROFESSIONALS WITH WHOM YOU HAVE WORKED OR STUDIED. THREE LETTERS OF RECOMMENDATIONS ARE REQUIRED. RECOMMENDATION FORMS ARE INCLUDED. APPLICANTS FOR PASS PROGRAMS SHOULD SUBMIT RECOMMENDATION LETTERS THROUGH PASS.**

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.

1. _____
2. _____
3. _____

15. **IN WHAT STATE(S) ARE YOU LICENSED TO PRACTICE DENTISTRY?**
 LICENSE NO. _____

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

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

17. **LIST EMPLOYMENT 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).**

18. **MILITARY SERVICE** _____
VETERAN (list dates of service) _____

ACTIVE DUTY _____
Non-Veteran _____

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

YES, If yes, print county of residence: _____

NO, If no, print you 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 RESIDENCY.

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 _____