



Application For Admission

Advanced Program For Internationally-Trained Dentists - Periodontic Dentistry

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 a credit card payment or 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	
Teaching:			
Private Practice:			
Teaching:			
Private Practice:			
Research:			
Research:			
Military Service:			
Other:			
Military Service:			
Other:			

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Present Occupation: _____ Title: _____

Professional Organizations

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.
