



APPLICATION FOR ADMISSION

PLEASE TYPE OR PRINT LEGIBLY

Select the program duration: 6____, 9____, 12____ months

Full Name: _____
Last
First
Middle

Former names on transcripts: _____

Gender: Male Female Birth Date: ____/____/____
MM
DD
YYYY

Birth Place: _____ City, State/Country Citizenship: _____ Country

**** Please indicate which address should be used for mailings related to this application process:**

Current Address **Permanent Address**

Current Address:

Street, Apt#

City, State/Country, Mail/Zip Code

Permanent Address (if different from Current Address):

Street, Apt#

City, State/Country, Mail/Zip Code

**** Preferred contact telephone number: Home** **Cell**

Home: (____) _____ Cell: (____) _____
Area Code
Phone
Area Code
Phone

Email address: _____

Education: Submit one official transcript from the dental school you attended. The transcript of all dental education should be in the original language accompanied by a certified English translation.

Institution	Location City, State	Attended		Degree or Diploma	
		From Mo/Yr	To Mo/Yr	Received Mo/Yr	Expected Mo/Yr

Certification of Dental Degree: A diploma from a recognized dental school in the original language accompanied by a certified English translation is required.

Optional Curriculum Vitae (CV): A CV may be included that lists any of the following:

- Significant activities during dental school, academic honors, awards
- Professional work history, professional memberships
- Research and/or professional publications
- Community service
- Presentations at professional meetings, courses, or conferences

Letters of recommendation: Three letters are required and should include an assessment of the applicant’s dental background, knowledge, character, and clinical skills as well as potential for success in an advanced dental education program. Submit letters with this application, if possible. Please list the individuals providing letters.

Name	Title	Institution/Affiliation
1.		
2.		
3.		

Essays: Three original essays, written by the applicant, are required. Your essays should be concise, well-written and original.

- One essay should describe the applicant's dental experience including significant experiences during dental school.
- The second essay should describe the applicant's future professional goals and plans.
- The third essay should discuss why the Endodontic Dental Postgraduate Program is of interest and value to the applicant.

The essays should be typewritten with 1-inch margins, size 12 font, and be no more than 4 pages total in length for all three essays combined.

English Language Proficiency: If your dental school instruction was NOT in English, you must provide documentation of English language proficiency by submitting TOEFL scores. A minimum TOEFL iBT (internet-based test) of 84 is required. Please submit a notarized copy of your official TOEFL score report with this application. At this time, please do not submit scores electronically to the University of Michigan.

I certify that I have read all of the instructions and 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 result in canceling my admission, I also understand that all credentials and documents that I submit become property of The University of Michigan.

Signature: _____

Date: _____

Applications and supporting documents should be mailed to:

Endodontic Postgraduate Program
C/o Jennifer Bronson
University of Michigan School of Dentistry
1011 N University Ave, 2361
Ann Arbor, MI 48109-1078

For further information:

Telephone: 734-763-1375
Fax: 734-936-1597
Website: www.umich.edu
Email: jennmfb@umich.edu