



Application Form

Program: _____

Personal Information		Date of birth (YYYY/MM/DD) _____	Gender Male Female Other
First name _____	Last name _____		
Mailing address _____		Country of birth _____	
City _____	Prov./State _____	Country of citizenship _____	
Postal code _____			
Country _____		Phone (home) _____	Phone (work) _____
Permanent address (if different from mailing address) _____		Email _____	
City _____	Prov./State _____	Primary spoken language _____	
Postal code _____			
Country _____			

Dental Education		
Dental school _____	Degree _____	Year of graduation _____
I have a post-graduate degree/specialty training.		
Dental school _____	Degree/program _____	Year of graduation _____

I have a license to practice dentistry.	Prov./State _____	Country _____
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Required Documents

I have attached the following required documents with my application. *(For further details on required documents, see website.)*

official transcripts of dental education

proof of English language proficiency

CV

personal statement

photo

letters of recommendation

I certify that the information provided on this form and in any documents submitted with this application is true and correct.

Sign here _____ **Date:** _____

Please email the completed application form and required documents to cde@dentistry.utoronto.ca.