

## APPLICATION FOR ADMISSION

### Advanced Education Program in Endodontics

This application should be typed or printed in black ink.

1. Date of application: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 MO. DAY YR.

2. Projected entry date: \_\_\_\_\_

3. Application fee \$50.00 payable to: UTHSCSA – Endodontics

4. Legal Name \_\_\_\_\_  
 (Last) (First) (M) (Other, if applicable)

5. **CURRENT MAILING ADDRESS:** \_\_\_\_\_  
 (Street)

\_\_\_\_\_  
 (City) (State) (Zip)

Day Phone: ( ) \_\_\_\_\_ During Hours: \_\_\_\_\_ to \_\_\_\_\_

Alternate Phone: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

6. **PERMANENT ADDRESS:** \_\_\_\_\_  
 (Street)

*NOTE: This address should be constant — one where your mail can be forwarded now and in future years.*

\_\_\_\_\_  
 (City) (State) (Zip)

7.  Male  Female 8. Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 9. Place of birth: \_\_\_\_\_  
 (City) (State) (County)

10. U.S. Citizen?  Yes  No If No, give country of citizenship: \_\_\_\_\_

11. Type of visa \_\_\_\_\_ Expiration Date \_\_\_\_\_

12. Legal Resident of Texas?  Yes  No If Yes, county of residence: \_\_\_\_\_ How long? \_\_\_\_\_

If no, state of legal residence \_\_\_\_\_

13. Are you a member of the Armed Forces on duty in Texas, or a dependent or spouse?  Yes  No

Branch of Service of Military Member: \_\_\_\_\_ Date of Entry \_\_\_\_\_  Active Duty  Reserves

14. Have you applied to any of The University of Texas System's graduate or professional schools in prior years? List schools and dates.

\_\_\_\_\_  
 \_\_\_\_\_

Ethnicity: \_\_\_\_\_  
 (Requested by Dept. of Education, not required.)

**Use appropriate Code from List:**

I – American Indian  
 M – Mexican American  
 B – Black American

A – Asian American  
 P – Mainland Puerto Rican  
 S – Other Spanish Surname

X – White Caucasian  
 E – Other Minority

Legal Name \_\_\_\_\_

All Non U.S. students must have appropriate visas and immigration documents.

15. Check below to indicate the admission tests which you have taken or will take. The GRE is required for all Master's Degree candidates and for graduates of dental schools not accredited by the Commission on Dental Accreditation. (Application to the Graduate School of Biomedical Sciences which awards the Master's Degree occurs during the first year of the respective advanced education program.) The TOEFL is required of applicants from countries where English is not the native language.

**Graduate Record Examination Aptitude Test (GRE)**

Date taken/scheduled \_\_\_\_\_  
 Score (if known) Verbal \_\_\_\_\_ Quant. \_\_\_\_\_ Analyt. \_\_\_\_\_

**Test of English as a Foreign Language (TOEFL)**

Date taken/scheduled \_\_\_\_\_  
 Score (if known) \_\_\_\_\_

16. In the space below, list ALL colleges, universities, and professional schools attended in chronological order. (include any you plan to attend prior to enrollment).

Month & Year Attended		Name of School	Location (City, State)	Major	Diploma/Degree and Date (conferred or expected)
From	To				

(if additional space is necessary, use separate sheet.)

An *official* transcript from EACH college, university, or professional school is required.

17. List below continuing education courses completed.

Date	Course Title	Clock Hours	Instructor	School

(if additional space is needed, use separate sheet.)

18. List employment SINCE dental school graduation if applicable.

<b>Name of Firm or Organization</b>	From		To	
Street Address	Month	Year	Month	Year
City and State	Title _____			
Name & Title of Immediate Supervisor	Job Duties _____			
	_____			
	_____			
<b>Name of Firm or Organization</b>	From		To	
Street Address	Month	Year	Month	Year
City and State	Title _____			
Name & Title of Immediate Supervisor	Job Duties _____			
	_____			
	_____			

(if additional space is needed, use separate sheet.)

19. List publications and research completed.

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20. Honors or awards or special recognition while in college or dental school.

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21. List states in which you are licensed to practice dentistry.

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22. How do you plan to finance your postgraduate education?

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23. List the names and addresses of the three persons you will ask to provide references.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**Please note sections 24 and 25 on back of this page.**

I understand that applications are not regarded as “complete” until all supporting papers have been received; therefore, it is in my interest to see that these are submitted as promptly as possible. It is also my understanding that official transcripts sent directly from each school attended must be received as soon as possible and at the end of each successive semester or quarter for as long as my application is being considered. Official transcripts showing additional work after acceptance must also be supplied.

I affirm that, if I have claimed to be a Texas resident in this application, I am a legal Texas resident and will, if required by the institution, provide substantiating evidence.

I certify that the information in this application is complete and correct to the best of my knowledge and belief and that submission of any false information is grounds for rejection of my application, withdrawal of any offer of acceptance, or dismissal after enrollment.

\_\_\_\_\_  
Signature of Applicant

**Additional Information required to complete your application file:**

- (1) An up-to-date official transcript sent directly to the institution from each college, university or professional school you have attended.
- (2) Letters of recommendation sent directly to the Director, Advanced Education Program in Endodontics by the three individuals listed in Section 23.
- (3) The **GPA/Class Rank** form completed by the Office of the Dean of the Dental School you attended and returned directly to the Director of Advanced Education Program in Endodontics. Note: This form is included in the application package.
- (4) An official or certified copy of scores from Part I and Part II of the National Board Dental Examinations. Senior dental students may submit the application form prior to taking the Part II exam. Note: Information about these examinations is available at: <http://www.ada.org/prof/ed/testing/natboard/index.asp>.
- (5) Graduate Record Examination (GRE) Aptitude Test scores (minimum of 1000 combined score on the verbal and quantitative portions required) sent directly to this institution (Code No. R6908-8) from the Educational Testing Service **if applicant wishes to receive a Master's Degree or is a graduate of a dental school which has not been accredited by the American Dental Association Commission on Dental Accreditation.**
- (6) Scores from Test of English as a Foreign Language (TOEFL) sent directly to this institution **if applicant is from a country where English is not the native language** (Minimum TOEFL score required: Written exam - 560; Computer based exam - 220; Internet-Based - 68).

**APPLICATION DEADLINE IS July 15th**

Mailing address for this application, reports, transcripts, recommendations and future correspondence regarding this application:

**Department of Endodontics – MC 7892  
UTHSCSA Dental School  
7703 Floyd Curl Drive  
San Antonio, Texas 78229-3900**

24. Please describe the professional goals you hope to achieve by pursuing postgraduate study. (Attach a separate sheet if more space is needed.)

25. If you wish to make a statement or provide other information which you consider pertinent to your application, you may attach a separate sheet to this application.

**Thank you for your careful attention to all aspects of the application.**

**ADVANCED EDUCATION PROGRAM IN ENDODONTICS**

**CLASS RANK / GPA**

Applicants to the Advanced Education Program in Endodontics must submit this form to the Office of the Associate Dean for Student Affairs from which they graduated or plan to graduate.

<b>Applicant's Name</b>	<b>Dental School</b>	<b>Year of Graduation</b>	
<b>Students</b>	<b>GPA</b>	<b>Rank in Class</b>	<b>Number of in Class</b>
Freshman Year _____			
Sophomore Year _____			
Junior Year _____			
Senior Year _____			
Cumulative _____			
Signature _____	Dean, Dental School		Date

This form should be returned to:

**Department of Endodontics – MC 7892  
UTHSCSA Dental School  
7703 Floyd Curl Drive  
San Antonio, Texas 78229-3900**