

**ADMISSIONS OFFICE  
FACULTY OF DENTISTRY  
UNIVERSITY OF TORONTO**

124 EDWARD STREET  
TORONTO, ON M5G 1G6

**For Entry In 2017  
APPLICATION FOR ADMISSION  
DENTAL RESIDENCY PROGRAM**

**APPLICATION DEADLINE – SEPTEMBER 30, 2016**

**NAME (CORRECT LEGAL NAME IN FULL)**

Dr. \_\_\_\_\_  
Surname Given names

Mr. \_\_\_\_\_

Ms. \_\_\_\_\_  
Former Surname (if applicable)

**PERMANENT ADDRESS**

Street Address Apt./ Suite No.

City Province/ State Postal/ Zip Code

Area Code + Telephone **Email Address (Mandatory)**  
All correspondence will be done via e-mail only.

**MAILING ADDRESS** (only complete if different from your permanent address)

Street Address Apt./ Suite No.

City Province/ State Postal/ Zip Code

Area Code +Telephone Expiry Date

<b>STATUS IN CANADA:</b> Canadian Citizen      Student Visa  Permanent Resident      Other	<b>COUNTRY OF CITIZENSHIP</b>
	<b>DATE OF ENTRY INTO CANADA</b> (if applicable)

<b>DATE OF BIRTH</b>	<b>GENDER</b>	<b>FIRST LANGUAGE</b> (Check ONE box only.)      English      French      Other
	Male  Female	

<b>ENGLISH FACILITY TEST (if applicable)</b>		
<b>NAME OF TEST</b>	<b>TEST DATE</b>	<b>FOR TOEFL ONLY</b>
_____	_____	<b>Overall Score:</b> _____ <b>TWE / Essay Rating:</b> _____

Return your application form, application service fee and documents by the application deadline to:  
The Admissions Office, Faculty of Dentistry, University of Toronto, 124 Edward Street, Toronto, Ontario, Canada, M5G 1G6.  
Tel: (416) 979-4901, ext. 4373/ Fax: (416) 979-4944/ Email: admissions@dentistry.utoronto.ca

**SUPPLEMENTARY INFORMATION**

**REFERENCES (List your referees below.)**

You must arrange for two letters of reference to be sent to the admissions office by two persons who are not relatives, and at least one of whom is familiar with your academic and/or professional work. Both letters should provide information on your suitability for a dental residency position.

<b>Name</b>	<b>Position/ Occupation</b>
<b>Name</b>	<b>Position/ Occupation</b>

**ACADEMIC HISTORY**

List all Universities attended – including current studies.

From Year	To Year	Name and Location of Institution	Official Name of Diploma/ Degree	Diploma Awarded	
				Yes	No

**BIOGRAPHICAL STATEMENT**

Explain your reasons for wishing to obtain a dental residency position. Describe what led to this decision, future career plans, your accomplishments and interests outside of dentistry, etc. You may also present other information that you feel should be taken into consideration in the assessment of your application. Attach the biographical statement to this application. Do not exceed two pages.

**DECLARATION:**

I certify that all statements on the application and in any material filed in support hereof, are true, correct and complete and that all material information has been disclosed. I understand that if the University finds to the contrary, my admission to, or registration in the University may be rescinded and cancelled after notice in writing at my home address as shown hereon. The name at the top of this form is the complete name, which I am legally and correctly known. I understand that if I have not previously applied to or registered at the University of Toronto this name will be officially recognized in academic records of the University, and it will not be changed there without a formal verification. I understand that if I have previously applied to or registered at the University and the name on this form is other than that by which I am known in the academic records of the University, I must complete a change of name form.

**The University of Toronto shares information with all the hospital residency program directors across Canada. I understand that submitting an application form for the University of Toronto means that my name will be released to other program directors if I am selected for and accept admission into the University of Toronto Dental Residency Program.**

\_\_\_\_\_ Date \_\_\_\_\_ Signature

**APPLICATION CHECKLIST** (Refer to our website for information on admission requirements.)

- Ensure you have completed all sections of the application form.
- \$275 CDN application service fee (certified cheque or money order payable to the University of Toronto).
- Biographical Statement.
- Undergraduate Transcripts sent directly from the issuing institution.
- Dental School Transcript sent directly from the issuing institution.
- Proof of English facility, if applicable.
- Two Reference Letters.

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