

124 EDWARD STREET TORONTO, ON M5G 1G6

# **DENTISTRY PROGRAM (DDS) - TRANSFER**

### **APPLICATION DEADLINE IS JUNE 29, 2017**

| NAME (CORRECT LEGAL NAME IN FULL)         |                                                                               |                                                                                                |  |
|-------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--|
|                                           |                                                                               |                                                                                                |  |
| Last Name                                 | First Name                                                                    | Middle Name                                                                                    |  |
|                                           |                                                                               |                                                                                                |  |
| Former Last Name (if applicable)          |                                                                               |                                                                                                |  |
|                                           |                                                                               |                                                                                                |  |
| PERMANENT ADDRESS                         |                                                                               |                                                                                                |  |
| Street Address                            |                                                                               | Apt./ Suite No.                                                                                |  |
|                                           |                                                                               |                                                                                                |  |
| City                                      | Province/ State                                                               | Postal/ Zip Code                                                                               |  |
|                                           |                                                                               |                                                                                                |  |
| Area Code + Telephone                     | Email Address (Mandatory)<br>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                                                                   |                                                                                                |  |
|                                           |                                                                               |                                                                                                |  |
| BIOGRAPHICAL INFORMATION                  |                                                                               |                                                                                                |  |
|                                           |                                                                               |                                                                                                |  |
| Date of Birth                             | Country of Birth                                                              | Country of Citizenship                                                                         |  |
|                                           |                                                                               | -                                                                                              |  |
| Date of Entry Into Canada (if applicable) | First Language                                                                | Gender Male                                                                                    |  |
|                                           |                                                                               | Female                                                                                         |  |
|                                           |                                                                               |                                                                                                |  |
| ENGLISH FACILITY TEST                     |                                                                               |                                                                                                |  |
|                                           |                                                                               | June 29, 2017. Test scores submitted after this the minimum test scores required listed on our |  |
|                                           | ninimum requirements will not be accepted.                                    |                                                                                                |  |

Name of Test

Date Test Written

**Overall Score** 

TOEFL TWE/ Essay/ Writing Rating (Must be a minimum of 5.0 or 22 for internet test.)

Return this form along with all required application documents by the deadline to: 1 The Admissions Office, Faculty of Dentistry, University of Toronto, 124 Edward Street, Toronto, ON M5G 1G6, Canada. Tel: (416) 979-4901, ext. 4373; Fax: (416) 979-4944; Email: admissions@dentistry.utoronto.ca

| ACADEMIC HISTORY (list all universities attended) |            |          |             |                |
|---------------------------------------------------|------------|----------|-------------|----------------|
| Institution Name                                  | Start Date | End Date | Degree Name | Date Conferred |
|                                                   |            |          |             |                |
|                                                   |            |          |             |                |
|                                                   |            |          |             |                |
|                                                   |            |          |             |                |
|                                                   |            |          |             |                |
|                                                   |            |          |             |                |

| PREREQUISITE COURSES (MUST BE COMPLETED BY THE END OF MAY 2017)       |      |                        |                  |
|-----------------------------------------------------------------------|------|------------------------|------------------|
| Category                                                              | Year | Course Number and Name | Course<br>Length |
| <b>Biochemistry</b><br>(one full year course or equivalent)           |      |                        |                  |
| <b>Physiology</b><br>(one full year course or equivalent)             |      |                        |                  |
| Life Sciences<br>(one full year course or equivalent)                 |      |                        |                  |
| Life Sciences<br>(one full year course or equivalent)                 |      |                        |                  |
| Social Sciences or Humanities<br>(one full year course or equivalent) |      |                        |                  |

| GRADUATE STUDIES (if applicable) |       |                     |             |                 |                   |
|----------------------------------|-------|---------------------|-------------|-----------------|-------------------|
| University Attended              | Years | Faculty/ Department | Degree Name | Date Degree exp | ected or received |
|                                  |       |                     | -           | Month           | Year              |
|                                  |       |                     |             |                 |                   |
|                                  |       |                     |             |                 |                   |
|                                  |       |                     |             |                 |                   |

#### CURRENT ACTIVITIES

Are you currently in a post-secondary institution? If 'Yes", list all courses taken during the current academic year. If 'No', describe your current activities in the space below.

| current activities in the space below. |  |  |
|----------------------------------------|--|--|
|                                        |  |  |
|                                        |  |  |
|                                        |  |  |
|                                        |  |  |
|                                        |  |  |
|                                        |  |  |

**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 to me at my home address as shown hereon. The name at the top of this form is the complete name by which I am legally and correctly known. I understand that if I have not previously applied to or registered at the University 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 or name form. *I am aware that dentistry students, as part of their curriculum, will have placements (rotations) at various dental practice settings. At some of these sites, students may work directly with, or in close proximity to, children or vulnerable persons. To protect these groups and maintain their safety, sites may require Dentistry students to obtain a Police Record Check. A Police record check is more comprehensive than "Criminal Record Checks" and "clearance letters".* 

| Signature                                                                                                           | Date |  |  |  |
|---------------------------------------------------------------------------------------------------------------------|------|--|--|--|
|                                                                                                                     |      |  |  |  |
| Return this form along with all required application documents by the deadline to: 2                                |      |  |  |  |
| The Admissions Office, Faculty of Dentistry, University of Toronto, 124 Edward Street, Toronto, ON M5G 1G6, Canada. |      |  |  |  |
| Tel: (416) 979-4901, ext. 4373; Fax: (416) 979-4944; Email: admissions@dentistry.utoronto.ca                        |      |  |  |  |

## **DOCUMENT CHECKLIST**

### DOMESTIC APPLICANTS

(Applicants who are citizens or have permanent residency status in Canada.)

Have you enclosed?

- Completed application form.
- \$275 CND application service fee (certified cheque or money order payable to the University of Toronto).
- Proof of Canadian Citizenship or Permanent Resident Status (photocopy only).
- Dental course outlines. These may also be e-mailed directly to the Admissions Office at: admissions@dentistry.utoronto.ca.

Have you arranged for?

- Official undergraduate transcripts sent directly from the issuing institution.
- Official dental school transcript sent directly from the issuing institution.
- Proof of English facility, if applicable

### **INTERNATIONAL APPLICANTS**

(Applicants who are in Canada or who are eligible to enter Canada with a student visa.)

Have you enclosed?

- Completed application form.
- \$275 CND application service fee (certified cheque or money order payable to University of Toronto).
- Dental course outlines. These may also be e-mailed directly to the Admissions Office at: <u>admissions@dentistry.utoronto.ca</u>.

Have you arranged for?

- Official undergraduate transcripts sent directly from the issuing institution.
- Official dental school transcript sent directly from the issuing institution.
- Proof of English facility, if applicable