ADMISSIONS OFFICE FACULTY OF DENTISTRY UNIVERSITY OF TORONTO

For Entry In 2018
APPLICATION FOR ADMISSION

124 EDWARD STREET TORONTO, ON M5G 1G6

DENTAL RESIDENCY PROGRAM

APPLICATION DEADLINE - SEPTEMBER 30, 2017

NAME (CORRECT LEGAL NAME IN FULL)									
Dr	-								
Surn	Surname			Given names					
Mr.									
Ms. Form	Former Surname (if applicable)								
PERMANENT ADDRESS									
·									
Street Address			Apt./ Suite No.						
City	Province/ Stat			e Postal/ Zip Code					
Area Code + Telephone Email Address (Mandatory)									
	All correspondence will be done via e-mail only.								
MAILING ADDRESS (only complete if differe	ent from your p	ermanent address)						
l									
Street Address			Apt./ Suite No.						
				D : 1/7: 0 1					
City Province/ Stat			re Postal/ Zip Code						
Area Code +Telephone Expiry Date									
Lipiny Date									
STATUS IN CANADA: Canadian Citizen Student Visa COUNTRY OF CITIZENSHIP									
STATUS IN CANADA.	Carladian Chizen	Olda	ent visa	COUNTRY OF CHIZENSIII					
Permanent Resident Other DATE OF ENTRY INTO CANADA (if applicable)									
SALE OF ENTITY OF CANADA (II applicable)									
DATE OF BIRTH GENDER Male		NDER	FIRST LANGUAGE						
Iwaie		(Check ONE box only.)		y.) English French Other					
Female									
ENGLISH FACILITY TEST (if applicable)									
NAME OF TEST	TEST DATE	FOR TOEFL ONLY							
		Overall Sco	re:	TWE / Essay Rating:					

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.											
Name			Position/ Occupation								
Name			Position/ Occupation								
ACADEMIC HISTORY List all Universities attended – including current studies.											
From To Name and Location of Insti			tution	Official Name of Diploma/ Degree	Diploma Awarded						
				Diploma, Dogree	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 will 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.											

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

Signature

- 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.

Date

- 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.