

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

124 EDWARD STREET  
TORONTO, ON M5G 1G6

**For Entry In 2018  
APPLICATION FOR ADMISSION  
DENTAL RESIDENCY PROGRAM**

**APPLICATION DEADLINE – SEPTEMBER 30, 2017**

**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

