



**UNIVERSITY OF TORONTO
FACULTY OF DENTISTRY**

**Application for Admission
Undergraduate and Postgraduate Electives in Dentistry**

SECTION 1

PART A: STUDENT INFORMATION

Surname Given names

Home/Permanent Address: _____
Street Name Apt./Suite No.

City Province / State Postal Code / Zip Code Country

Area Code + Telephone Number Email Address

Mailing Address (if different): _____
Street Name Apt./Suite No.

City Province / State Postal Code / Zip Code Country

Student's Signature Date

Only complete applications will be considered and processed

Please mail complete application to:

STUDENT SERVICES OFFICE

104-124 Edward Street, Toronto/Ontario/ M5G 1G6 Canada

Tel: +1 416-864-8111 • <http://www.dentistry.utoronto.ca>



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PART B: TO BE COMPLETED BY THE VISITING DDS/DMD STUDENT

DENTAL SCHOOL _____
Name Country

Clinical dental experience you will have completed prior to the proposed elective:

**PART C: TO BE COMPLETED BY THE VISITING CLINICAL
SPECIALTY STUDENTS**

Year graduated from an undergraduate dental program _____
Year School

DENTAL SCHOOL _____
Name Country

Program _____
Year of study

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SECTION 2

REQUESTED ELECTIVE INFORMATION

Have you previously completed an elective with this Faculty?

Month/Year

Specialty

Elective choice in order of preference. Please include specific start and end dates:

ELECTIVE AREA	START DATE	END DATE	# OF WEEKS

If contacts have been made already, please provide the following information:

Contact Name

Hospital / Clinical Area:

Telephone Number

Email address

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SECTION 3

To be completed by the Dean or Designate of the Visiting Student's University or the Program Director for the Visiting Clinical Specialty Students from Canadian and International Programs

STUDENT'S NAME: _____

NAME OF DENTAL SCHOOL: _____

ADDRESS: _____

Please provide the start and end dates of their current academic term: _____
DD/MM/YR to DD/MM/YR

Check the appropriate box:

The above-named student is presently registered in their ___ year of a ___ year program towards a doctor of dental surgery degree.

The above-named student is presently registered in their ___ year of a ___ year Specialty program towards a specialty degree.

Assessment of academic ability: above average average below average

Assessment of clinical ability: above average average below average

Student's knowledge of English: above average average below average

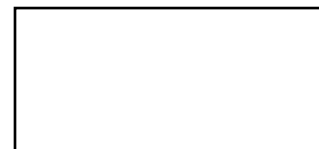
Liability Insurance by your Institution: Yes No Amount: _____

Will the student be covered by personal Health Insurance: Yes No

The above-named student is in good standing at this institution. The student is authorized to take this clinical instruction and (will / will not) receive academic credit for the experience.

NAME TITLE DATE

AUTHORIZING SIGNATURE



SEAL OF INSTITUTION

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APPLICATION CHECKLIST

<p>Documents to be submitted at the time of application</p>	1. Completed application form.
	2. \$50 CDN application service fee (certified cheque or money order) payable to the University of Toronto.
	3. Proof of Canadian Citizenship or Permanent Resident Status (photocopy only if applicable).
	4. Proof of Registration in Current Program of Study and/or Proof of Program Completion – DDS; Specialty Completion with Graduation Fellowship (notarized copy accompanied by a notarized English translation, if applicable).
	5. Official Transcripts (notarized copy accompanied by a notarized English translation, if applicable).
	6. Curriculum Vitae/Resume together with Covering Letter of Intent.
<p>Documents to be arranged for once acceptance letter to the program has been received</p>	1. Two months prior to arrival date – Completion of medical examination as necessary to obtain Student Authorization Visa/Work Permit (work permit applies to Clinical Fellows) (not required for Observer only)
	2. Student Authorization Visa/Work Permit (not required for Observer only)
	3. Immunization Record
	4. Current Basic CPR or ACLS Certification (not required for Observer only)
	5. Malpractice Insurance under Canadian University Reciprocal Insurance Exchange /or University of Toronto Risk Management Insurance (not required for Observer only)
	6. UHIP Coverage or evidence of health insurance (applies to International Applicants)
	7. Proof of RCDSO Licensure (not required for Observer only)

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