ADMISSIONS OFFICE FACULTY OF DENTISTRY UNIVERSITY OF TORONTO

For Entry In 2019
APPLICATION FOR ADMISSION

124 EDWARD STREET
TORONTO, ON M5G 1G6

OMFS INTERNSHIP PROGRAM

APPLICATION DEADLINE - March 1st 2019

NAME (CORRECT LEGAL NAM	E IN FULL)						
Surname			Given name	es			
Former Surname (if applicable)							
PERMANENT ADDRESS							
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City	Province/ Stat	æ	Postal/ Zip Code				
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Area Code + Telephone	Email Addres All corresponde			nly.			
MAILING ADDRESS (only compl	ete if different from your p	ermanent a	ddress)				
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Street Address				Apt./ Suit	e No.		
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DATE OF BIRTH	GENDER Male		NGUAGE				
	·········	(Check ON	IE box only.)	English	French	Other	
	Female						
		<u>,I</u>					
REFERENCES (List your refere		MENIAKT	INFORMATIO	ON			
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							
whom is familiar with your acader residency position.	nic and/or professional wo	ork. Both let	ters should pro	ovide information	on on your suit	ability for a dental	
Name			Position/ Oc	cupation			
Name			Position/ Occ	cupation			

ACADEMIC HISTORY List all Universities attended – including current studies.							
From To Year Year		Name and Location of Institution	Official Name of Diploma/ Degree	Diploma Awarded			
i cai	i cai		Diploma Degree	Yes	No		

BIOGRAPHICAL STATEMENT

Explain your reasons for wishing to obtain an OMFS internship 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.

information has been disclosed. I understand may be rescinded and cancelled after notice complete name, which I am legally and correst of Toronto this name will be officially recogniverification. I understand that if I have previous	and in any material filed in support hereof, are true, correct and complete and that all material d that if the University finds to the contrary, my admission to, or registration in the University is in writing at my home address as shown hereon. The name at the top of this form is the early known. I understand that if I have not previously applied to or registered at the University nized in academic records of the University, and it will not be changed there without a formal pusly applied to or registered at the University and the name on this form is other than that by of the University, I must complete a change of name form.
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.
- Dental School Transcript sent directly from the issuing institution.
- Two Reference Letters.