

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

124 EDWARD STREET  
TORONTO, ON M5G 1G6

**For Entry In 2019  
APPLICATION FOR ADMISSION  
OMFS INTERNSHIP PROGRAM**

**APPLICATION DEADLINE – March 1<sup>st</sup> 2019**

**NAME (CORRECT LEGAL NAME IN FULL)**

Surname

Given names

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

**DATE OF BIRTH**

**GENDER**

**FIRST LANGUAGE**

Male

(Check ONE box only.)

English

French

Other

Female

**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**

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) 864-8113/ Fax: (416) 979-4944/ Email: admissions@dentistry.utoronto.ca

