# For Entry in September 2019 Application for Admission

124 EDWARD STREET TORONTO, ON M5G 1G6

# **DENTISTRY PROGRAM (DDS) - TRANSFER**

# **APPLICATION DEADLINE IS JUNE 28, 2019**

NAME (CORRECT LEGAL NAME IN	FULL)							
Last Name	First Name	Middle Name						
Former Last Name (if applicable)								
PERMANENT ADDRESS								
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)							
MAILING ADDRESS (only complete if	unierent nom your permanent address)							
Street Address		Apt./ Suite No.						
City	Province/ State	Postal/ Zip Code						
Area Code +Telephone	Expiry Date							
BIOGRAPHICAL INFORMATION								
Date of Birth	Country of Birth	Country of Citizenship						
Date of Entry Into Canada (if applicable)	First Language	Gender Male						
, , , , , , , , , , , , , , , , , , , ,		Female						
ENGLISH FACILITY TEST  All applicants whose first language is not English must submit proof of English facility by June 28, 2019. Test scores submitted after this date will not be accepted. Please review the list of acceptable English facility tests and the minimum test scores required listed on our website. Test scores which are below the minimum requirements will not be accepted.								
Name of Test	Date Test Written	Overall Score						
TOEFL TWE/ Essay/ Writing Rating (Must	be a minimum of 5.0 or 22 for internet test.	)						

PREREQUISITE COURSES	(MI	JST	BE C	OMPLE	TED BY	THE	END	OF M	1AY 2019)					
Category	(	Yea			e Number									Course
		100	••	Oours	e Humber	ana	IVAIII							Length
Biochemistry (one full year course or equivalent	ent)													
Physiology (one full year course or equivalent	ent)													
Life Sciences (one full year course or equivale	ent)													
Life Sciences (one full year course or equivale	ent)													
Social Sciences or Humanitie (one full year course or equivale														
				<u></u>										
GRADUATE STUDIES (if ap	plica	able)	)											
University Attended	Yea	ars	rs Faculty/ Department Degree Name						Date Degree expected of Month					
										IV	iontn			Year
CURRENT ACTIVITIES  Are you currently in a post-secondary institution? If 'Yes", list all courses taken during the current academic year. If 'No', describe your current activities in the space below.										ribe your				
						+								
<b>DECLARATION:</b> 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 to me at my home address as shown hereon. The name at the top of this form is the complete name by which I am legally and correctly known. I understand that if I have not previously applied to or registered at the University 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 or name form. I am aware that dentistry students, as part of their curriculum, will have placements (rotations) at various dental practice settings. At some of these sites, students may work directly with, or in close proximity to, children or vulnerable persons. To protect these groups and maintain their safety, sites may require Dentistry students to obtain a Police Record Check. A Police record check is more comprehensive than "Criminal Record Checks" and "clearance letters".														
Signature									Date					
Return this f The Admissions Office, Facul												G 1G	6, Ca	nada. 2

ACADEMIC HISTORY (list all universities attended)

Institution Name

Start Date

End Date

Degree Name

**Date Conferred** 

#### **DOCUMENT CHECKLIST**

#### **DOMESTIC APPLICANTS**

(Applicants who are citizens or have permanent residency status in Canada.)

#### Have you enclosed?

- Completed application form.
- \$275 CND application service fee (bank draft or money order payable to the University of Toronto).
- Proof of Canadian Citizenship or Permanent Resident Status (photocopy only).
- Dental course outlines/syllabuses. These may also be e-mailed directly to the Admissions Office at: admissions@dentistry.utoronto.ca.

### Have you arranged for?

- Official undergraduate transcripts sent directly from the issuing institution.
- Official dental school transcript sent directly from the issuing institution.
- Proof of English facility, if applicable

#### INTERNATIONAL APPLICANTS

(Applicants who are in Canada or who are eligible to enter Canada with a student visa.)

# Have you enclosed?

- Completed application form.
- \$275 CND application service fee (bank draft or money order payable to University of Toronto).
- Dental course outlines/syllabuses. These may also be e-mailed directly to the Admissions Office at: <a href="mailed-admissions@dentistry.utoronto.ca">admissions@dentistry.utoronto.ca</a>.

# Have you arranged for?

- Official undergraduate transcripts sent directly from the issuing institution.
- Official dental school transcript sent directly from the issuing institution.
- · Proof of English facility, if applicable