

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

124 EDWARD STREET
TORONTO, ON M5G 1G6

**For Entry In 2020
APPLICATION FOR ADMISSION
DENTAL RESIDENCY PROGRAM**

APPLICATION DEADLINE – SEPTEMBER 30, 2019

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

STATUS IN CANADA: Canadian Citizen Student Visa Permanent Resident Other	COUNTRY OF CITIZENSHIP
	DATE OF ENTRY INTO CANADA (if applicable)

DATE OF BIRTH	GENDER	FIRST LANGUAGE (Check ONE box only.) English French Other
	Male Female	

ENGLISH FACILITY TEST (if applicable)		
NAME OF TEST	TEST DATE	FOR TOEFL ONLY
_____	_____	Overall Score: _____ TWE / Essay Rating: _____

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

