

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

124 EDWARD STREET
TORONTO, ON M5G 1G6

**For Entry In 2020
APPLICATION FOR ADMISSION**

TJO CLINICAL FELLOWSHIP PROGRAM

APPLICATION DEADLINE – November 1, 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

ARE YOU ELIGIBLE FOR RCDSO LICENSURE?

Yes

No

Not Sure

DATE OF BIRTH

GENDER

Male

Female

FIRST LANGUAGE

(Check ONE box only.)

English

French

Other

SUPPLEMENTARY INFORMATION

REFERENCES (List your referees below.)

You must arrange for two letters of reference to be sent to the admissions office, one by a department chair or program director, and one from a mentor or colleague. Both letters should provide information on your suitability for a clinical fellowship 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

