# ADMISSIONS OFFICE FACULTY OF DENTISTRY UNIVERSITY OF TORONTO

For Entry In 2020 APPLICATION FOR ADMISSION

124 EDWARD STREET TORONTO, ON M5G 1G6

## **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/ Stat	te		Postal/ Zip	Code	
Area Code : Talanhana	Frank Addres	/M	1 a m d			
Area Code + Telephone	Area Code + Telephone Email Address (Mandatory) All correspondence will be done via e-mail only.					
MAILING ADDRESS (only compl	lete if different from your p	ermanent a	address)			
	,,,,,		,,			
Street Address				Apt./ Suite	No.	
City	Province/ State Postal/ Zip Code					
Area Code +Telephone	Expiry Date					
ARE YOU ELIGIBILE FOR RCD	SO LICENSURE? Yes		No	Not Sure		
	165		INU	Not Sule		
DATE OF BIRTH	GENDER	EIDST I	ANGUAGE			
DATE OF BIRTH	Male		NE box only.)	English	French	Other
	Female	(Oncok of	VE BOX Only.)	Lingilori	1 1011011	Curo
	remale					
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 colleaque. Both letters should provide information on your suitability for a clinical fellowship position.  Name  Position/ Occupation						
1 Ostalon Occupation						
Name Position/ Occupation						

List all Universities attended – including current studies.						
From Year	To Year				Diploma Awarded	
				Yes	No	

#### **LETTER OF INTENT**

Explain your reasons for wishing to obtain a OMFS clinical fellowship position. Describe what led to this decision, future career plans, your accomplishments, as well as how you plan to utilize this training. You may also present other information that you feel should be taken into consideration in the assessment of your application. Attach the letter of intent to this application. Do not exceed two pages.

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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 I understand that if the University finds to the contrary, my admission to, or registration in the University may be rescinded and cancelled after notice in writing at my home address as shown hereon. The name at the top of this form is the complete name, which I am legally and correctly known. I understand that if I have not previously applied to or registered at the University of Toronto 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 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).
- Curriculum Vitae.
- Letter of Intent.
- Specialty School Transcript sent directly from the issuing institution.
- Two Reference Letters (one from a program director/chair and one from a mentor/collegue)