

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

124 EDWARD STREET
TORONTO, ON M5G 1G6

**For Entry In 2020
APPLICATION FOR ADMISSION
OMFS INTERNSHIP PROGRAM**

APPLICATION DEADLINE – February 1st 2020

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

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 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

ACADEMIC HISTORY

List all Universities attended – including current studies.

From Year	To Year	Name and Location of Institution	Official Name of Diploma/ Degree	Diploma Awarded	
				Yes	No

BIOGRAPHICAL STATEMENT

Explain your reasons for wishing to obtain an OMFS internship position. Describe what led to this decision, future career plans, your accomplishments and interests outside of dentistry, etc. You may also present other information that you feel should be taken into consideration in the assessment of your application. Attach the biographical statement to this application. Do not exceed two pages.

DECLARATION:

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 I understand that if the University finds to the contrary, my admission to, or registration in the University may be rescinded and cancelled after notice in writing at my home address as shown hereon.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).
- Biographical Statement.
- Dental School Transcript sent directly from the issuing institution.
- Two Reference Letters.

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