For Entry in September 2020 Application for Admission

124 EDWARD STREET TORONTO, ON M5G 1G6

DENTISTRY PROGRAM (DDS) - TRANSFER

APPLICATION DEADLINE IS JULY 3, 2020

NAME (CORRECT LEGAL NAME IN	FULL)	
Last Name	First Name	Middle Name
Former Last Name (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.	
MAIL INC. ADDRESS (only complete if	different from your permanent address)	
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	
BIOGRAPHICAL INFORMATION		
Date of Birth	Country of Birth	Country of Citizenship
Date of Entry Into Canada (if applicable)	First Language	Gender Male
		Female
	ne list of acceptable English facility tests and	y July 3, 2020. Test scores submitted after this the minimum test scores required listed on our
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	(MLIST	BE C	OMPLE	TED BY	THE	END	OF M	ΔΥ 202)()					
Category	`	ear		se Number				A1 202	.0)					Course
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Biochemistry (one full year course or equivale	nt)													
Physiology (one full year course or equivale	nt)													
Life Sciences (one full year course or equivale	nt)													
Life Sciences (one full year course or equivale	nt)													
Social Sciences or Humanities one full year course or equivale														
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GRADUATE STUDIES (if ap	plicable	е)												
Jniversity Attended	Years	Fa	aculty/ [Departmen	t		Degre	e Name)	Date	Degr	ее ехр	ected o	or received
											Month)		Year
													1	
CURRENT ACTIVITIES Are you currently in a post-secon surrent activities in the space be	ndary in low.	stitutior	n? If 'Yes	s", list all co	ourses	s take	n durii	ng the cu	urrent	acade	mic ye	ar. If 'N	lo', des	cribe your
DECLARATION: I certify that all complete and that all material inf	ormatic	on has b	peen disc	closed. I ur	derst	and th	hat if th n writir	ne Unive	rsity fi at my	inds to	the co	ontrary,	, my adı shown h	mission to, ereon. Th
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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: 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