ADMISSIONS OFFICE FACULTY OF DENTISTRY UNIVERSITY OF TORONTO

For Entry In 2023 APPLICATION FOR ADMISSION

124 EDWARD STREET TORONTO, ON M5G 1G6

DENTAL RESIDENCY PROGRAM

APPLICATION DEADLINE – SEPTEMBER 30, 2022

NAME (CORRECT LEGAL NAME	IN FULL)	
Last	First	
E-mail Address		
PERMANENT ADDRESS		
Street Address		
City	Province/ State	Postal/ Zip Code
Area Code + Telephone		

MAILING ADDRESS (only complete if different from your permanent address)		
Street Address		
City	Province/ State	Postal/ Zip Code
Area Code +Telephone	Expiry Date	

BIOGRAPHICAL INFORMATION				
Date of Birth	Status in Canada	Country of Citizenship		
Date of Entry Into Canada	First Language	Gender	Male	
			Female	

ENGLISH FACILITY TE	ST (if applicable)	1	
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. Tel: (416) 864-8113/ Fax: (416) 979-4944/ Email: admissions@dentistry.utoronto.ca

SUPPLEMENTARY INFORMATION

REFERENCES (List your referees below.)			
You must arrange for two letters of reference to be sent to the admiss	ions office from those who are familiar with your academic and/or		
professional work. Both letters should provide information on your suit	ability for a dental residency position.		
Name Position/ Occupation			
Name	Position/ Occupation		

ACADEMIC HISTORY

List all Universities attended – including current studies and arrange for an official transcript from all schools attended to be sent to the Faculty of Dentistry directly form the issuing intuition.

Years Attended Name of Institution	Name of Institution	Name of Degree	Degree Awarded	
		Yes	No	

BIOGRAPHICAL STATEMENT

Explain your reasons for wishing to obtain a dental residency 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.

RESUME/ CURRICULUM VITAE

Attach a resume/ curriculum vitae to this application.

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.

The University of Toronto shares information will all the hospital residency program directors across Canada. I understand that submitting an application form for the University of Toronto means that my name will be released to other program directors if I am selected for and accept admission into the University of Toronto Dental Residency Program.

Date

Signature

*You can pay the \$275 CDN application service fee online by credit card on the <u>Student Services Payment page</u>) or you can mail in a money order/bank draft payable to the University of Toronto with your application.

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