For Entry in September 2024²
Application for Admission

124 EDWARD STREET TORONTO, ON M5G 1G6

DENTISTRY PROGRAM (DDS) - TRANSFER

APPLICATION DEADLINE IS JUNE 28, 2024

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	9						
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								
BIOGRAPHICAL INFORMATION									
BIOGRAPHICAL INI ORMATION									
Date of Birth	Country of Birth	Country of Citize	enship						
Date of Entry Into Canada (if applicable)	First Language	Gender	Male						
			Female						
ENOUGH FACILITY TEST									
ENGLISH FACILITY TEST All applicants whose first language is not English must submit proof of English facility by June 28, 2024. Test scores submitted after this date will not be accepted. Please review the list of acceptable English facility tests and the minimum test scores required listed on our website. Test scores which are below the minimum requirements will not be accepted.									
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.)									

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PREREQUISITE COURSES	(ML	JST I	BE C	OMPLE	TED BY	THE	END	OF M	IAY 2024)						
Category		Year		Course Number and Name							Course Length				
Biochemistry (one full year course or equivalent	ent)														
Physiology (one full year course or equivalent	ent)														
Life Sciences (one full year course or equivale	ent)														
Life Sciences (one full year course or equivale	ent)														
Social Sciences or Humanitie (one full year course or equivale															
GRADUATE STUDIES (if ap	plica	able)													
University Attended	Yea	ears Faculty/ Department				nt		Degre	Date Degree expe				ected o	r received Year	
CURRENT ACTIVITIES Are you currently in a post-secondary institution? If 'Yes", list all courses taken during the current academic year. If 'No', describe your current activities in the space below.															
DECLARATION: I certify that a complete and that all material ir or registration in the University name at the top of this form is the complete and the top of this form is the complete and the top of this form is the comp	nform may I ne co	ation be res mple	has b scinde te nan	een disc d and c ne by wh	closed. I u ancelled a hich I am I	nders fter no egally	tand otice and	that if tl in writir correct	ne Universiting to me at lily known. I	ty fin my l und	ids to the company of	he con address d that if	trary, s as sl f I hav	my adr hown h e not p	nission to, ereon. The reviously
applied to or registered at the U changed there without a formal on this form is other than that by am aware that dentistry study settings. At some of these sitt protect these groups and main record check is more compre	verifi y whi ents, es, s intair	cation ch I a as pa tuden n thei	n. I un am kno art of nts m ir safe	derstand own in the their cu ay work ety, site	d that if I had the academ surriculum, ac directly is s may req	ave poic reconstruction will for with, with, with, with,	revionation of the control of the co	usly ap of the l placen close stry st	plied to or r Jniversity, I nents (rotat proximity to udents to c	regis mus tion to, c	tered a st comp s) at va hildrei in a Po	at the U plete a arious n or vu	Jnivers chang denta Inera	sity and ge or na al prac ble pe	d the name ame form. <i>I</i> tice rsons. To
Signature									Date						
Return this f													FO 11	20. 2	2
The Admissions Office, Facul	ıy of	Den	ustry,	univer	SITY OF LO	rontc), 124	+ ⊏dwa	ard Street,	ı or	onto,	UN M	აც 1(عو, Ca	ınada.

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.
- \$306 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.
- \$306 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