



APPLICATION DEADLINE IS MARCH 31, 2025

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.

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

First Language

Gender

Male

Female

ENGLISH FACILITY TEST

All applicants whose first language is not English must submit proof of English facility by **March 31, 2025**. 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.**)

EDUCATION SINCE HIGH SCHOOL

Pre-Dental, Dental, Graduate (Master or Ph.D.) or Other Training

Years Attended	University or College Attended	Country	Degree/ Diploma Obtained

ADA ADVANCED DENTAL ADMISSION TEST RESULTS

Test Date:	Test Date:	Test Date:
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EMPLOYMENT RECORD - FULL TIME or PART TIME

Dates	Employer	City/ Country	Position/ Occupation

DECLARATION

I certify that the information and documents submitted in or with this application or to be submitted (all of which together constitute the application) are true, complete and correct, and that all information material to a decision on the application has been disclosed. I understand that the discovery that any information or document submitted in support of an application is false or misleading or that any material information has been concealed or withheld will invalidate this application and will result in its immediate rejection, or in the immediate revocation and cancellation of my admission and/or registration if I am admitted.

Date

Signature

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

APPLICATION CHECKLIST

(Refer to our website for information on admission requirements.)

- Ensure you have completed all sections of the application form and signed it.
- \$300 CDN application service fee (certified cheque or money order payable to the University of Toronto).
- Proof of Canadian Citizenship or Permanent Resident Status (photocopy only).
- Dental School Diploma (notarized copy accompanied by a notarized English translation, if applicable).
- Dental School Marks (notarized copy accompanied by a notarized English translation, if applicable).
- Dental Specialty Program Diploma (notarized copy accompanied by a notarized English translation, if applicable).
- Dental Specialty Program Marks (notarized copy accompanied by a notarized English translation, if applicable).
- ADA Advanced Dental Admission Test Results (photocopy only).
- Detailed Curriculum Vitae/Resume.
- One page Statement of Interest including current activities and when you last practiced your Specialty.
- Letters of recommendation. A minimum of two are required.
- Proof of name change, if applicable.
- Proof of English facility, if applicable.