



UNIVERSITY OF TORONTO
FACULTY OF DENTISTRY

124 EDWARD STREET
TORONTO, ON M5G 1G6

For Entry in September 2025
Application for Admission

DENTISTRY PROGRAM (DDS) - TRANSFER

APPLICATION DEADLINE IS JUNE 30, 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 (if applicable)

First Language

Gender

Male

Female

ENGLISH FACILITY TEST

All applicants whose first language is not English must submit proof of English facility by June 30, 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.)

Return this form along with all required application documents by the deadline to:
The Admissions Office, Faculty of Dentistry, University of Toronto, 124 Edward Street, Toronto, ON M5G 1G6, Canada.
Tel: (416) 864-8113; Fax: (416) 979-4944; Email: admissions@dentistry.utoronto.ca

ACADEMIC HISTORY (list all universities attended)				
Institution Name	Start Date	End Date	Degree Name	Date Conferred

PREREQUISITE COURSES (MUST BE COMPLETED BY THE END OF MAY 2025)			
Category	Year	Course Number and Name	Course Length
Biochemistry (one full year course or equivalent)			
Physiology (one full year course or equivalent)			
Life Sciences (one full year course or equivalent)			
Life Sciences (one full year course or equivalent)			
Social Sciences or Humanities (one full year course or equivalent)			

GRADUATE STUDIES (if applicable)					
University Attended	Years	Faculty/ Department	Degree Name	Date Degree expected or received	
				Month	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 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 to me at my home address as shown hereon. The name at the top of this form is the complete name by which I am legally and correctly known. I understand that if I have not previously applied to or registered at the University 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 or name form. ***I am aware that dentistry students, as part of their curriculum, will have placements (rotations) at various dental practice settings. At some of these sites, students may work directly with, or in close proximity to, children or vulnerable persons. To protect these groups and maintain their safety, sites may require Dentistry students to obtain a Police Record Check. A Police record check is more comprehensive than "Criminal Record Checks" and "clearance letters".***

Signature	Date
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DOCUMENT CHECKLIST

DOMESTIC APPLICANTS

(Applicants who are citizens or have permanent residency status in Canada.)

Have you enclosed?

- Completed application form.
- \$300 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.
- \$300 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