ADMISSIONS OFFICE
FACULTY OF DENTISTRY
UNIVERSITY OF TORONTO

124 EDWARD STREET
TORONTO, ON M5G 1G6

For Entry In 2027
APPLICATION FOR ADMISSION

TJO CLINICAL FELLOWSHIP PROGRAM

APPLICATION DEADLINE – February 1, 2026

NAME (CORRECT LEGAL NAME IN FULL)

Surname _____ Given names _____

Former Surname (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 _____

ARE YOU ELIGIBILE FOR RCDSO LICENSURE? Yes ☐ No ☐ Not Sure ☐

DATE OF BIRTH	**GENDER** Male ☐ Female ☐	**FIRST LANGUAGE** (Check ONE box only.) English ☐ French ☐ Other ☐

SUPPLEMENTARY INFORMATION

REFERENCES (List your referees below.)
You must arrange for two letters of reference to be sent to the admissions office, one by a department chair or program director, and one from a mentor or colleaque. Both letters should provide information on your suitability for a clinical fellowship position.

Name	**Position/ Occupation**
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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

ACADEMIC HISTORY

List all Universities attended – including current studies.

From Year	To Year	Name and Location of Institution	Official Name of Diploma/ Degree	Diploma Awarded	
				Yes	No

LETTER OF INTENT

Explain your reasons for wishing to obtain a OMFS clinical fellowship position. Describe what led to this decision, future career plans, your accomplishments, as well as how you plan to utilize this training. You may also present other information that you feel should be taken into consideration in the assessment of your application. Attach the letter of intent to this application. Do not exceed two pages.

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.

_____ _____

Date Signature

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

- Ensure you have completed all sections of the application form.
- $350 CDN application service fee.
- Curriculum Vitae.
- Letter of Intent.
- Specialty School Transcript sent directly from the issuing institution.
- Two Reference Letters (one from a program director/chair and one from a mentor/collegue)

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