UNIVERSITY OF PUERTO RICO
MEDICAL SCIENCES CAMPUS
SCHOOL OF DENTAL MEDICINE
DEANSHIP FOR GRADUATE DENTAL EDUCATION
APPLICATION FOR ADMISSION FOR
PROFESSIONAL STUDIES IN DENTISTRY

This application should be typed or completed in **black** ink.

Recent Photograph

(2" x 2")

1. Social Security Number: _____ - _____ - _____

2. Student Number, If applicable: _____- _____- _____

3. Date of Application: _____/ _____ / _____
   Month Day Year

4. Projected entry date: _____

   Projected finish date: _____

   ***For those applicants who need visa, a minimum period of two months is required.**

5. Program for which you are applying:

   ☐ General Practice Residency in Dentistry
   ☐ Oral and Maxillofacial Surgery
   ☐ Pediatric Dentistry
   ☐ Prosthodontics
   ☐ Orthodontics
   Other _____

6. E-mail: _____

7. Legal Name: _____
   Last First M Other if applicable

8. CURRENT MAILING ADDRESS: _____
   Street Phone

   _____
   City State Zip

   Business Phone: ( )_____-_____ During Hours: _____to_____

9. PERMANENT ADDRESS: _____
   Note: This address should be constant one where your mail can be forwarded now and in future years.
   Street Phone

   _____
   City State Zip

10. ☐ Male ☐ Female

11. Age: _____

12. Date of Birth: _____/_____/_____
    Month Day Year

13. Place of Birth: _____
    City State Country

14. Marital Status: _____

15. Number of Children: _____

16. U.S. Citizen? _____ Yes _____ No If No, give country of citizenship: _____

17. Type of Visa? _____ Expiration Date: _____

18. Legal Resident of P.R. _____ Yes _____ No If Yes, municipality of residence _____How long?_____

19. Father's Name: _____ Occupation: _____

    Address: _____ Telephone: _____

20. Mother's Name: _____Occupation:_____

Address: _____ Telephone: _____

21. Nearest relative (if father and mother are diseased)

    Name: _____ Telephone: _____ Address: _____

22. Have you applied to any other graduate or professional school? List schools, date of application, and programs applied for:

    _____

    _____

23. The Test of English as a Foreign Language (TOEFL) is highly recommended for applicants from countries where English is not the native language).

    Date taken/scheduled: _____ Score (if known): _____

24. Please, indicate your level of competence in the English and Spanish languages, as perceived by yourself: (use only three levels of competence: G = good, A = average, and P = poor).

    Spanish: _____ Read, _____Write, _____Speak **English:**_____ Read, _____Write, _____Speak

25. In the space below, list all colleges, universities, and professional schools attended in chronological order. (Include any you plan to attend prior to enrollment).

Period Attended	Year	Name of School	Location (City, state, Zip)	Major	Diploma Degree and Date (conferred or expected)
1.					
2.					
3.					
4.					
5.					

(If additional space is needed, use a separate sheet of paper). Note: An official transcript from each college, university, or professional school is required.

26. List below continuing education courses completed.

Date	Course	Clock/Credit Hours	School/Institution

(If additional space is needed, use a separate sheet of paper).

27. List publications and researches completed. (Please mention title, journal or means of publication, date and send copies of the papers published).

    _____

    _____

    _____

28. Honors, awards or special recognitions received while in college or dental school.

    _____

    _____

    _____

29. List employment since dental school graduation, if applicable.

Name of Firm, Institution or Organization:	Address:	
Period worked	From:	To:
Duties:		
Name and Title of Immediate Supervisor:		

Name of Firm, Institution or Organization:	Address:	
Period worked	From:	To:
Duties:		
Name and Title of Immediate Supervisor:		

Name of Firm, Institution or Organization:	Address:	
Period worked	From:	To:
Duties:		
Name and Title of Immediate Supervisor:		

30. List states in which you are licensed to practice dentistry.

_____

_____

31. How do you plan to finance your postdoctoral education?

_____

_____

(Legal proof of source of financial support must be submitted by non U.S. A. citizens with this application).

32. List the names, titles and addresses of three faculty members of the dental school from which you graduated whom you have asked to provide references and evaluation reports (At least one of these must be a professor in the specialty area in which you seek admission. Please, ask them to write a letter of recommendation and fill out the *Personal Evaluation Forms* furnished and to send them directly to our office).

1. _____
2. _____
3. _____

33. Please describe the professional goals you hope to achieve by pursuing graduate studies. (Attach a separate sheet to answer this question).

34. Please describe a significant research project in which you are interested. (Attach a separate sheet if more space is needed).

_____

_____

35. If you wish to make a statement or provide other information, which you consider to be pertinent to consideration of your application, you may attach a separate sheet to this application.

I understand that applications are not regarded as complete until all supporting papers have been received; therefore it is in my best interest to see that these are submitted as promptly as possible. It is also my understanding that official transcripts sent directly from each school attended is to be received as soon as possible and at the end of each successive semester or quarter for as long as my application is being considered. Official transcripts showing additional work after acceptance must also be supplied.

I certify that the information in this application is complete and correct to the best of my knowledge and belief; and that submission of any false information is ground for rejection of my application, withdrawal of any offer of acceptance, or dismissal after enrollment.

_____
Signature of Applicant

A complete application includes the following:

1. One application form fully filled, with one recent photograph (2" x 2").
2. A $60 non-refundable application fee must be submitted directly to the University of Puerto Rico School of Dental Medicine. Please note that the Office of Graduate Dental Education is unable, without exception, to waive this application fee. The application fee will not be applied towards tuition. Checks or money orders (in U.S. currency) are payable to the University of Puerto Rico and should be sent to: Office of the Assistant Dean for Graduate Dental Education, PO Box 365067, San Juan, PR 00936-5067. Please identify the academic program you are applying to in the money order.
3. Three letters of recommendation and evaluation reports from faculty members of the Dental School where the applicant received his degree in dentistry. At least one of these must be from a professor in the specialty area in which the applicant seeks admission. They must be mailed directly to the UPR.
4. An up-to-date official transcript sent directly to the UPR from each college, university or professional school you have attended.
5. Conversion of the numerical qualification of the official transcript to the letter grade index (i.e., A-excellent; B-good; C-fair; D and F-failure).
6. Photocopies of the diplomas or certificates received.
7. A letter of recommendation from the Dean of your dental school, certifying the number of students graduating in your class and your class standing upon graduation.
8. A letter of recommendation from the secretary of the dental society in the area of residence (this applies to applicants who have been engaged in the private practice of dentistry).
9. Results of the TOEFL examination.
10. A curriculum vitae or resume with all the educational and professional background.
11. Photocopy of license or licenses to practice dentistry, specially the one applicable to your area of residence (only for applicants who have graduated from dental School over one year prior to the date of admission).
12. National Board Examination scores -Part I and II - (applicable to all students educated in an institution accredited by the Commission on Dental Accreditation of the Council on Dental Education of the American Dental Association).
13. Legal proof of source of financial support (Applies to all foreign applicants. Does not apply to USA citizens.)

APPLICATION DEADLINE

Foreign applicants who need visa: All documents mentioned above must be received at the Deanship for Graduate Dental Education **no later than March 31** for all Professional Studies **beginning on July to December (First Semester);** and **no later than September 30** for all Professional Studies **beginning on January to June (Second Semester).**

Applicants who don't need visa: All documents mentioned above must be received at the Deanship for Graduate Dental Education **no later than one month prior** the beginning of the Professional Studies in Dentistry.

Mailing address for reports, transcripts, recommendations and future correspondence regarding this application is:

University of Puerto Rico, School of Dental Medicine
Deanship for Graduate Dental Education
PO Box 365067
San Juan, P.R. 00936-5067

If any question, please call 787-758-2525, extensions 1121, 2509 or 2507.

Rev. January 17, 2017