

Address: _____ Telephone: _____

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

Name: _____ Telephone: _____ Address: _____

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

21. 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): _____

22. 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

23. 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.

24. List below continuing education courses completed.

Date	Course	Clock/Credit Hours	School/Institution

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

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

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

27. 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:		

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

29. 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. _____

30. Please describe the professional goals you hope to achieve by pursuing graduate studies. (Attach a separate sheet with an essay to answer this question).
31. Please describe a significant research project in which you are interested. (Attach a separate sheet if more space is needed).

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32. 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 \$100.00 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.)

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.