

## ***Division of Oral and Maxillofacial Surgery***

*Application for Oral and Maxillofacial Surgery Externship  
At the University of Connecticut and Affiliated Hospitals*

***Please type:***

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Present Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

Phone (Office / School): \_\_\_\_\_

Dental School: \_\_\_\_\_

Expected Year of Graduation: \_\_\_\_\_

***Please forward all of the following:***

- Photocopy of National Dental Board Scores – Part 1
- Letter of recommendation from Chief of Oral and Maxillofacial Surgery
- Letter of recommendation from Dean, with class rank
- Photocopy of dental school transcript
- Completed application
- Resume (please include Bachelors Degree information, including GPA)
- A one paragraph essay describing your motivation to participate in an externship.

Your application will not be reviewed until all application materials have been received.

***Please email or fax all materials to:***

Erika Minan  
Administrative Program Coordinator  
Oral and Maxillofacial Surgery

Email: [eminan@uchc.edu](mailto:eminan@uchc.edu)

Fax: (860) 679-1702