

# UConn School of Dental Medicine

## Application for Admission to Research Fellowship in Orthodontics

### **&** Advanced Program in Orthodontics for International Orthodontists

Name: \_\_\_\_\_  
Last First Middle

Permanent Address:  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if different from above):  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Citizenship:  U.S.A.  Permanent U.S.A. Resident Visa Status: \_\_\_\_\_

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

Graduation Date: \_\_\_\_\_ Degree: \_\_\_\_\_

List of Name and Addresses of 3 individuals whom you have requested letters of recommendation:

NAME	ADDRESS

List all colleges and universities attended, date of attendance, and degree granted:

COLLEGES / UNIVERSITIES	Date of Attendance		DEGREE
	From	To	

List research experience and scientific or clinical publications:

RESEARCH EXPERIENCE	SCIENTIFIC / CLINICAL PUBLICATIONS

List research interests:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Have you taken the NATIONAL BOARD?

Part I:  Yes  No

If NO, proposed test date: \_\_\_\_\_

If YES, please provide SCORE: \_\_\_\_\_

Part II:  Yes  No

If NO, proposed test date: \_\_\_\_\_

If YES, please provide SCORE: \_\_\_\_\_

How do you plan to finance your tuition and living expenses if accepted to the University of Connecticut School of Dental Medicine?

\_\_\_\_\_

\_\_\_\_\_

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

Date: \_\_\_\_\_