



APPLICATION FOR ADMISSION

Advanced Education in Prosthodontics

DEPARTMENT OF COMPREHENSIVE DENTISTRY

This application should be typed or printed in black ink.

1. Social Security Number - _____ - _____ - _____ * (see attached notice)

2. Date of application: ____/____/____
MO. DAY YEAR

3. Projected entry date: _____

4. Legal Name:

(Last) (First) (M) (Other, if applicable)

5. CURRENT MAILING ADDRESS:

(Street)

(City) (State) (Zip)

Day Phone: _____ During Hours: _____ to _____

E-Mail Address: _____

6. PERMANENT ADDRESS:

Note: This address should be constant - one where your mail can be forwarded now and in future years

(Street)

(City) (State) (Zip)

7. Male Female 8. Date of Birth ____/____/____ 9. Place of Birth: (City) (State) (County)

10. U.S. Citizen? Yes No If no, give country or citizenship: _____

11. Type of visa _____ Expiration Date _____

12. Legal Resident of Texas? Yes No If yes, county of residence: _____ How long? _____

13. Are you a member of the Armed Forces on duty in Texas, or a dependent or spouse? Yes No

Branch of Service of Military Member: _____ Date of Entry _____ Active Duty Reserves

14. Have you applied to any of The University of Texas System's graduate or professional schools in prior years? List schools and dates.

* Return attached to: Director of Graduate Prosthodontics
Department of Comprehensive Dentistry - Advanced Prosthodontics
The University of Texas Health Science Center at San Antonio
7703 Floyd Curl Drive - Dental School - MSC 7912
San Antonio, Texas 78229-3900
smithnl@uthscsa.edu

15. Check below to indicate the admission tests which you have taken or will take. The GRE is required for graduates of dental schools not accredited by the Commission on Dental Accreditation and recommended for all applicants from dental schools with Pass/Fail grading or schools that do not provide class ranks. Report GRE scores using School Code #6908. (Application to the Graduate School of Biomedical Sciences which awards the Master's Degree occurs during the first year of the respective advanced education program.) The TOEFL is required of applicants for whom English is not a first language.

Graduate Record Examination Aptitude Test (GRE)

Date taken/scheduled _____

Score (if known) Verbal _____

Quant. _____

Analyt. _____

Test for English as a Foreign Language (TOEFL)

Date taken/scheduled _____

Score (if known) _____

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

Month & Year Attended

Month & Year Attended		Name of School	Location (City, State)	Major	Diploma/Degree and Date

An official transcript from EACH college, university, or professional school is required.

17. List below continuing education courses completed.

From	Course Title	Clock Hours	Instructor	School

(if additional space is needed, use separate sheet.)

18. List employment SINCE dental school graduation if applicable.

Name of Firm or Organization	From		To	
	Month	Year	Month	Year
Street Address				
City and State	Title			
Name & Title of Immediate Supervisor	Job Duties			

Name of Firm or Organization	From		To	
	Month	Year	Month	Year
Street Address				
City and State	Title			
Name & Title of Immediate Supervisor	Job Duties			

(if additional space is needed, use separate sheet.)

19. List publications and research completed:

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20. Honors or awards or special recognition while in college or dental school:

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21. List states in which you are licensed to practice dentistry:

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22. How do you plan to finance your postgraduate education?

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23. List the names and addresses of the three (3) persons you will ask to provide references.

1.	
2.	
3.	

24. Please describe the professional goals you hope to achieve by pursuing postgraduate study. (Attach a separate sheet if more space is needed.)

25. If you wish to make a statement or provide other information which you consider pertinent to 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 interest to see that these documents are submitted as promptly as possible. It is also my understanding that official transcripts sent directly from each school attended must 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 affirm that, if I have claimed to be a legal resident of Texas in this application, that I am a legal Texas resident and will, if required by the institution, provide substantiating evidence.

I understand that prior to acceptance into any residency program at UTHSCSA, applicants must clear a screening process to ensure that they are not listed by a federal agency as excluded, suspended or otherwise ineligible for participation. This includes judgements rendered about federally issued student loans, Medicare, Medicaid and other federal fraud, and for males, the Selective Service System.

I am not currently under charge or have not been convicted of a felony or misdemeanor other than minor traffic violations, or an equivalent charge or conviction in any non-U.S. jurisdiction.

I have not been subject in the U.S. or elsewhere to disciplinary actions related to professional competence or conduct by any state or other dental licensing board, hospital, health care organization or professional association; such licensure actions to include revocation, suspension, censure, reprimand, probation or surrender.

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 grounds for rejection of my application, withdrawal of any offer of acceptance, or dismissal after enrollment. I understand that the information supplied in this application is subject to verification.

Signature of Applicant

Additional information required to complete your application file:

- 1) An up-to-date transcript from each college, university or professional school you have attended.
- 2) Letters of recommendation from the 3 individuals listed in Section 23 and addressed to the Director of Graduate Prosthodontics.
- 3) The GPA and Class Rank form completed by the Office of the Dean of the Dental School you attended.
- 4) An official or certified copy of scores from all National Board Examinations that you have taken.
- 5) Graduate Record Examination (GRE) Aptitude Test scores sent directly to this institution (Code No. 6908) from the Educational Testing Service if applicant wishes to receive a Master's Degree or *is a graduate of a dental school which has not been accredited by the Commission on Dental Accreditation.*
- 6) Scores from Test of English as a Foreign Language (TOEFL) sent directly to this institution (Code No. 6908) if English is not the applicant's first language.

Thank you for your careful attention to all aspects of the application.

PROSTHODONTIC APPLICATION DEADLINE/AUGUST 15th

**Director of Graduate Prosthodontics
Department of Comprehensive Dentistry - Advanced Prosthodontics
The University of Texas Health Science Center at San Antonio
7703 Floyd Curl Drive - Dental School - MSC 7912
San Antonio, TX 78229-3900**

The University of Texas Health Science Center at San Antonio
GRADUATE PROSTHODONTICS PROGRAM

CLASS RANK AND GRADE POINT AVERAGE

Applicant's Name		Dental School	Year of Graduation
Year of Dental Education	GPA	Rank in Class	Number of Students in Class
1 st			
2nd			
3 rd			
4th			
5 th (international)			
Cumulative			
<hr/>			
Signature of Dean of Dental School		Date	

The University of Texas Health Science Center at San Antonio

NOTICE FOR REQUEST OF SOCIAL SECURITY NUMBER FOR EMPLOYMENT PURPOSES

Disclosure of your social security number (“SSN”) is requested as part of your application for employment with The University of Texas Health Science Center at San Antonio. During the employment application process, your SSN will be used as a unique number in order to identify you within the University’s current applicant tracking system. Disclosure of your SSN at the time that you apply for employment is voluntary, but disclosure of your SSN is mandatory before you may be employed by the University. Federal law requires the University to report income and SSNs for all employees to whom compensation is paid. Employee SSNs are maintained and used by the University for payroll, benefits, internal verification, and administrative purposes, to verify employment, and to conduct in–depth background checks for security sensitive positions. The University reports SSNs to Federal and State agencies or their contractors as authorized or required by law and for benefits purposes. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable laws.

NOTICE ABOUT INFORMATION LAWS AND PRACTICES

With few exceptions, you are entitled on your request to be informed about the information The University of Texas Health Science Center at San Antonio collects about you. Under Sections 552.021 and 552.023 of the *Texas Government Code*, you are entitled to receive and review the information. Under Section 59.004 of the *Texas Government Code*, you are entitled to have The University of Texas Health Science Center at San Antonio correct information about you that is held by The University of Texas Health Science Center and is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32. The information that The University of Texas Health Science Center at San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the *Texas Government Code*) and rules. Different types of information are kept for different periods of time.

You may send any requests to Andrea Marks, MBA, CPA
By mail to: 7703 Floyd Curl Drive, San Antonio, TX 78229-3900
By e-mail to: marks@uthscsa.edu
By fax to: (210) 567-7027
In person at: Medical School Building, Room 426

NOTE: A “consent” for the release of a social security number should be added to the disclosure if the social security number is not required by federal or state law for disclosures, and will be disclosed external to the institution. This consent is not required for internal forms or use.

CONSENT FOR RELEASE

I consent to the release of my Social Security Number for the stated purpose above.

Print Name _____

Signature _____

Date _____