APPLICATION FOR ADMISSION
DENTAL SCHOOL ADVANCED EDUCATION PROGRAM IN PROSTHODONTICS

This application should be typed or printed in black ink.

1. Social Security Number*__________________________________________

2. Date of application: ______________________ Month / Day / Year

3. Projected entry date: ______________________________

4. Legal Name: ____________________________________________
   (Last)                                          (First)                                          (M)  (Other, if applicable)

5. Current Mailing Address: _____________________________________
   (Street)                                                    (City)                              (State)              (Zip)

6. Permanent Address: __________________________________________
   (Street)                                                    (City)                              (State)              (Zip)

   Day Phone: ___________________________ During Hours: _______ to _______

   Cell Phone: ___________________________ E-Mail Address: ___________________________

7. ____Male       ____Female

8. Date of Birth  ______________ (MM/DD/YYYY)   ____ Yes    ____ No

9. Place of Birth ____________________________
   City / State / Country

10. U.S. Citizen?   ____ Yes     ___ No
   If No, give country of citizenship.  Date of Service Entry _________________ (MM/DD/YYYY)

11. Type of Visa ____________________________
    Expiration Date _______________ (MM/DD/YYYY)

12. Legal Resident of Texas? _____ Yes    ____ No
   If Yes, give county of residence

   How long? ________________

   If No, state of legal residence? ______________________

13. Are you a member of the Armed Forces on duty in Texas or a military dependent or spouse?

14. Have you ever applied to any of the University of Texas System graduate or professional schools?
   List schools and dates of application.

15. Check below to indicate the admission tests which you have taken or will take.

(" See last page)
- **GRE** required for all graduates of dental schools not accredited by the Commission on Dental Accreditation and highly recommended for all applicants from dental schools that do not provide grades or class rankings.

- **TOEFL** required of applicants from countries where English is not the native language. A minimum TOEFL-iBT test score of 92 is required for applicant consideration. We do not accept the IELTS Test.

- **ADAT** required beginning 2017 for all applicants who graduated from dental schools not accredited by CODA.
- **ADAT** required for students who graduated from CODA accredited schools that are Pass/Fail or that do not provide class rankings.

<table>
<thead>
<tr>
<th>Test of English as a Foreign Language (TOEFL iBT)</th>
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<tr>
<td>Date Taken/Scheduled ____________</td>
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<td>Score (if known) ____________</td>
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<tr>
<th>Advanced Dental Aptitude Test (ADAT)</th>
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<td>Date Taken/Scheduled ____________</td>
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<td>Scores (if known) ____________</td>
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**Please submit all scores through PASS**

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. An OFFICIAL transcript from each college, university, or professional school is required.

<table>
<thead>
<tr>
<th>Month &amp; Year Attended</th>
<th>Name of School</th>
<th>Location (City &amp; State)</th>
<th>Major</th>
<th>Diploma/Degree and Date (conferred or expected)</th>
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<tbody>
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(If additional space is necessary, please attach separate sheet)

17. List below continuing education courses completed.

<table>
<thead>
<tr>
<th>Date</th>
<th>Course Title</th>
<th>Clock Hours</th>
<th>Instructor</th>
<th>School</th>
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(If additional space is necessary, please attach separate sheet)
18. List employment SINCE dental school graduation, if applicable.

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<tr>
<th>Name of Firm or Organization Street Address, City &amp; State</th>
<th>Title &amp; Name of Immediate Supervisor</th>
<th>From - To Mo/Yr - Mo/Yr</th>
<th>Your Title &amp; Job Duties</th>
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19. List publications and research completed:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

23. List the names and addresses of three people to use as references:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
24. Please describe the professional goals you hope to achieve by pursuing postgraduate study:

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

25. If you wish to make a personal statement or provide other information that may be pertinent to your application, please include it as a separate attachment.

__________________________________________________________________________________________________

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 they are not listed by a federal agency as excluded, suspended or otherwise ineligible for participation. This includes judgments 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 any 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

Application Deadline
August 1st
INFORMATION AND DOCUMENTATION REQUIRED FOR APPLICATION:

1. Application required through PASS and accepted between March 1st and July 31st each year.

2. Program specific Application for Admission Form for the Graduate Prosthodontics Program submitted directly to the program with a $50 USD application fee.

3. Transcripts: Official transcripts are required from each college/university attended. These documents should be uploaded into PASS. If you have attended a non-US college/university, it is required that all international transcripts be evaluated by an accredited foreign credentialing service and submitted through PASS. Please contact our office for a list of such services, if needed.

4. The Class Rank / GPA Form completed by the Office of the Dean of the Dental School you attended and forwarded directly to our office.

5. National Board of Dental Examination scores reported in PASS and an official report forwarded directly to the program.

6. Advanced Dental Aptitude Test reported through PASS (beginning in 2017 for applications to 2018 class)

7. For international students from countries in which English is not the first language, Internet based Test of English as a Foreign Language (TOEFL iBT) reported in PASS with official scores reported directly to the program. We do not accept IELTS test scores.
   a. A minimum TOEFL iBT test score of 92 is required for application consideration.
   b. TOEFL test scores taken more than 3 years before application date will not be accepted.

8. Graduate Record Examination (GRE) scores reported in PASS and an official report forwarded to the program.
   a. Required for all applicants who graduated from a dental school not accredited by Commission on Dental Accreditation.
   b. Highly recommended for all applicants graduating from schools that do not provide grades or class rankings.
   c. Scores for GRE exams taken more than 5 years before the application date will not be accepted.

9. Professional Evaluations (Letters of Recommendation) from 3 individuals addressed to the Director of Graduate Prosthodontics submitted through PASS.

10. A brief curriculum vitae submitted with the Program Application for Admission Form.

11. Applicants who are Permanent Residents of the US must supply a certified copy of both the front and back sides of their federal Green Card. All international students must provide their full legal name as it appears on immigration documents.

Mailing Address for this application, test scores, transcripts, and future correspondence regarding this application:

Stephan J. Haney, D.D.S.
Director, Advanced Education in Prosthodontics
Dept of Comprehensive Dentistry
7703 Floyd Curl Dr. MSC 7912
San Antonio, Texas 78229
CLASS RANK / GPA
DENTAL SCHOOL ADVANCED EDUCATION PROGRAM IN PROSTHOODONTICS

Applicants to Advanced Education Programs in Dentistry need to submit this form to the Office of the Associate Dean for Student Affairs from which they graduated or plan to graduate.

<table>
<thead>
<tr>
<th>Applicant's Name (please print)</th>
<th>Dental School</th>
<th>Year of Graduation</th>
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<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Dean, Dental School</td>
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</table>

<table>
<thead>
<tr>
<th>GPA</th>
<th>Rank in Class</th>
<th>No. of Students in Class</th>
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<td>Freshman Year</td>
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<td>Sophomore Year</td>
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<td>Junior Year</td>
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<td>Senior Year</td>
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<tr>
<td>Cumulative</td>
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The University of Texas 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 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 law.

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 559.004 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 San Antonio 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.

All requests for documents under that Act should be directed to:
The Office of the Vice President and Chief Financial Officer
By mail to: 7703 Floyd Curl Drive, San Antonio, TX 78229-3900
By e-mail to: Publicinfo@uthscsa.edu
By fax to: (210) 567-7020
In person at: Academic and Administration Building. Room 442