

## APPLICATION FOR ADMISSION DENTAL SCHOOL ADVANCED EDUCATION PROGRAM IN PROSTHODONTICS

Thi	application should be typed or printed in black ink.
1.	Social Security Number
2.	Date of application:// MO. DAY YEAR
3.	Projected entry date:
4.	Legal Name:
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/       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?
	If No, state of legal residence?
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: 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.

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

Test of English as a Foreign Language (TOEFL iBT)	Graduate Record Exam (GRE)	Advanced Dental Aptitude Test (ADAT)
Date Taken/Scheduled Score ( <i>if known</i> )	Date Taken/Scheduled Scores: Verbal Quant	Date Taken/Scheduled
	Analyt	

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.

Month & Year Attended		Name of School	Location (City & State)	Major	Diploma/Deg ree and Date
From	То				(conferred or expected)

### 17. List below continuing education courses completed.

Date	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 Street Address, City & State	Title & Name of Immediate Supervisor	From - To Mo/Yr - Mo/Yr	Your Title & Job Duties

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 UT Health San Antonio, 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 1<sup>st</sup>

# **Requirements For Admission**

### The deadline for all application materials is August 1

- Graduation from dental school with a DDS, DMD, or non-US equivalent degree prior to matriculation
- Completion of an ADEA PASS application
- Registration for Match

### Submit directly to the program

#### Advanced Education in Prosthodontics Department of Comprehensive Dentistry, MSC 7914 UT Health San Antonio 7703 Floyd Curl Dr. San Antonio, TX 78229-3900

- Application for Admission form
- Application fee of \$50 by check in U.S. dollars submitted directly to the program made out to "Advanced Education in Prosthodontics"
- Applicants who are Permanent Residents of the U.S. must provide 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.

Qualified applicants will be notified of their selection as a finalist and invitation for a personal interview. An in-person interview is a requirement for admission.