

**University of Colorado School of Dental Medicine
Graduate Program in Orthodontics and
Dentofacial Orthopedics
SUPPLEMENTAL APPLICATION FOR
ADMISSION**

Personal Information:

Name: _____
(First) (Middle) (Last)

Mailing Address: _____

Permanent Address: _____

Phone: _____ E-mail: _____

Date of Birth: _____ Place of Birth: _____ Citizenship Status: _____

Social Security No.: _____ Gender: Male Female Ethnicity: _____

Languages spoken fluently: _____

Education:

Dental School Attended: _____

4 Year Program: _____ 2 Year Advanced Standing Program: _____

Expected Graduation Date: _____ GPA: _____ Class Rank: _____ Class Size: _____

National Board Scores: (Pass/Fail & dates taken) GRE Scores: (list all scores/dates taken)

Part I: _____

Part II: _____

Integrated National Dental Board Scores: (Pass/Fail & dates taken): _____

ADAT Score: _____

Have you withdrawn from/been dismissed by a Postdoctoral or Graduate Program in
Dentistry? No Yes (if yes, please explain)

Have you applied to the CU Graduate Orthodontics Program before? _____

If yes, please indicate the most recent year of your application: _____

Licensure:

State Dental License(s) held:

State: _____ Year of Issue: _____ License Number: _____ Current: _____

License Restricted or Suspended: No Yes License Revoked: No Yes

Have you ever been the subject of actions resulting from professional misconduct or are any
such cases pending? No Yes

Have you ever been convicted of a felony: No Yes

Letters of Recommendation: 3 required

List the name/position/institution of the individuals you requested recommendations

Name	Position Held	Institution / Address / Phone No.
1)		
2)		
3)		

Education: List all colleges and universities attended, beginning with most recent

Institution	Dates Attended	Major	Degree & Date

Honors – Academic and Professional:

List any academic distinctions, fellowships, awards, prizes, etc.

Title of Award	Awarded by	Date

Residency Experience:

Institution	Type of Residency	Dates

Private Practice Experience:

Name of Practice	Address of Practice	Dates Employed

Work Experience: (other than private practice)

Name of Practice	Address of Practice	Dates Employed

Teaching Experience:

Institution (Department & Address)	Position Held	Dates Employed

Professional Memberships:

Organization	Position Held	Dates

Professional Publications/Presentations:

Title of Publication or Presentation	Journal/Group Presented To	Date

RESEARCH EXPERIENCE:

(Please include focus of research, level of involvement, dates)

I, the applicant, attest that the information given with this application is, to the best of my knowledge, true and accurate.

Signature of Applicant

Date of Application