

## APPLICATION FOR ADMISSION

*PLEASE TYPE OR PRINT LEGIBLY*

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

Former names on transcripts: \_\_\_\_\_

Gender: Male  Female  Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Birth Place: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
City, State/Country Country

**\*\* Please indicate which address should be used for mailings related to this application process:**

**Current Address**  **Permanent Address**

Current Address:

\_\_\_\_\_  
Street, Apt#

\_\_\_\_\_  
City, State/Country, Mail/Zip Code

Permanent Address (if different from Current Address):

\_\_\_\_\_  
Street, Apt#

\_\_\_\_\_  
City, State/Country, Mail/Zip Code

**\*\* Preferred contact telephone number:** Home  Cell

Home: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Phone Area Code Phone

Email address: \_\_\_\_\_

**Education:** Submit one official transcript from the professional (e.g., dentistry, pharmacy, medicine, engineering, etc.) school you attended. The transcript of all education should be in the original language accompanied by a certified English translation.

Institution	Location City, State	Attended		Degree or Diploma	
		From Mo/Yr	To Mo/Yr	Received Mo/Yr	Expected Mo/Yr

**Certification of Dental Degree:** If applicable, a diploma from a recognized dental school in the original language accompanied by a certified English translation is required.

**Curriculum Vitae (CV):** A CV should be included that lists any of the following:

- Significant activities during school (e.g., dental school, academic honors, awards)
- Professional work history, professional memberships
- Research and/or professional publications
- Community service
- Presentations at professional meetings, courses, or conferences

**Letters of recommendation:** Three letters are required and should include an assessment of the applicant’s background, knowledge, character, and clinical skills (if applicable) as well as potential for success in an advanced dental education program (if applicable). Submit letters with this application, if possible. Please list the individuals providing letters.

Name	Title	Institution/Affiliation
1.		
2.		
3.		

**Essays:** Three original essays, written by the applicant, are required. Your essays should be concise, well-written and original.

- One essay should describe the applicant’s professional experience (e.g., dental school experiences and clinical training).
- The second essay should describe the applicant’s future professional goals and plans.
- The third essay should discuss why the Program in Biomaterials, Operative and Regenerative Dentistry is of interest and value to the applicant.

The essays should be typewritten with 1-inch margins, size 12 font, and be no more than 3 pages total in length for all three essays combined.

**English Language Proficiency:** If your dental school instruction was NOT in English, you must provide documentation of English language proficiency by submitting TOEFL scores. A minimum TOEFL iBT (internet-based test) of 84 is required. Please submit a notarized copy of your official TOEFL score report with this application. At this time, please do not submit scores electronically to the University of Michigan.

I certify that I have read all of the instructions and that I have answered all of the questions completely and truthfully. I understand that misrepresentation of any portion of this application, including supporting credentials and documents, may be cause for canceling my admission, I also understand that all credentials and documents that I submit become property of The University of Michigan.

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

Applications and supporting documents should be mailed (and also e-mailed) to:

Program in Biomaterials, Operative and Regenerative Dentistry  
University of Michigan School of Dentistry  
1011 N University Ave, Commons room 2133 (Dr. Fontoura’s office – email:  
[Fontoura@umich.edu](mailto:Fontoura@umich.edu)) Ann Arbor, MI 48109-1078

For further information:

Website: [Dental Postgraduate Program Biomaterials, Operative and Regenerative Dentistry](#)  
Email: [Fontoura@umich.edu](mailto:Fontoura@umich.edu)