

APPLICATION FOR ADMISSION DENTAL SCHOOL ADVANCED EDUCATION PROGRAM IN PERIODONTICS

This application should be typed or printed in black ink.

1. Social Security Number* _____

2. Date of application: _____ *MO/DAY/YR*

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: _____
MO/DAY/YR

9. Place of Birth: _____
CITY/STATE/COUNTY

10. U.S. Citizen? Yes No
If No, give country of 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: _____

Active Duty Reserves

Date of Entry: _____

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.

The GRE is required for all graduates of dental schools not accredited by the Commission on Dental Accreditation.
 The GRE is recommended for all applicants, especially those from dental schools that do not rank or provide grades.
 The TOEFL is required of applicants from countries where English is not the native language.

___ Graduate Record Examination Aptitude Test (GRE)		
Date taken/scheduled _____		
Score (if known) Verbal _____	Quant. _____	Analyt. _____

___ Test of English as a Foreign Language (TOEFL)	
___ International English Language Testing System (IELTS)	
Date taken/scheduled _____	
Score (if known) _____	

(If additional space is necessary, please attach separate sheet.)

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/Degree and Date (conferred or expected)
From	To				

17. List below continuing education courses completed.

Date	Course Title	Clock Hours	Instructor	School

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

(If additional space is necessary for any of the sections below, please attach separate sheet.)

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 statement or provide other information which you consider pertinent to your application, please indicate it here:

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 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

INFORMATION AND DOCUMENTATION REQUIRED FOR APPLICATION:

1. Application for Admission form for the Graduate Periodontics Program. Applications are accepted between March 1st and July 15th each year. We do not charge an application fee.
2. Transcripts: one official transcript in a sealed envelope is required from each college/university attended. If you have attended a non-US college/university, it is required that all international transcripts be evaluated by an accredited foreign credentialing service. Please contact our office for a list of such services, if needed.
3. The GPA/Class Rank form completed by the Office of the Dean of the Dental School you attended.
4. National Board Examination scores (official report or certified copy).
- *5. Test of English as a Foreign Language (TOEFL) or International English Language Testing System (IELTS), if international applicant. TOEFL or IELTS tests taken more than two (2) years prior to date of applications will not be accepted.
 - a. For TOEFL must have minimum score of 560 for paper test, 220 for computer based test, or 68 for Internet based test.
 - b. For IELTS must have minimum score of 6.5
- *6. Graduate Record Examination (GRE) scores.
 - a. Required for all applicants who graduated from a dental school not accredited by Commission on Dental Accreditation.
 - b. Recommended for all applicants, especially those from schools that do not rank or provide grades.
 - c. GRE scores taken more than 5 years before application date will not be accepted.
7. For GRE, TOEFL and IELTS, use School Code #6908, Department Code #0604, Dental Sciences Periodontics
8. Letters of recommendation from 3 individuals addressed to the Director of Graduate Periodontics.
9. A brief curriculum vitae.
10. 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.

* Send TOEFL, IELTS and GRE scores sent to:
The University of Texas Health Science Center at San Antonio
Brian L. Mealey, DDS, MS, Program Director
7703 Floyd Curl Drive, MSC 7894 San Antonio, Texas 78229-3900

Mailing address for this application, reports, transcripts, recommendations, and future correspondence regarding this application:

Brian L. Mealey, DDS, MS
Graduate Program Director
Department of Periodontics – Graduate Division
The University of Texas Health Science Center at San Antonio
7703 Floyd Curl Drive MSC 7894
San Antonio, Texas 78229-3900
Phone: (210) 567-3589 Fax: (210) 567-3761
Email: krafts@uthscsa.edu or mealey@uthscsa.edu



**APPLICATION
DEADLINE:
JULY 15TH**

CLASS RANK / GPA
DENTAL SCHOOL ADVANCED EDUCATION PROGRAM IN PERIODONTICS

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.

Applicant's Name *(please print)* _____ Dental School _____ Year of Graduation _____

Signature _____ Date _____
 Dean, Dental School

	GPA	Rank in Class	No. of Students in Class
Freshman Year			
Sophomore Year			
Junior Year			
Senior Year			
Cumulative			

This form should be returned to:

Brian L. Mealey, DDS, MS
Graduate Program Director
Department of Periodontics – Graduate Division
The University of Texas Health Science Center at San Antonio
7703 Floyd Curl Drive MSC 7894
San Antonio, Texas 78229-3900

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