

**Oral and Maxillofacial  
Pathology Residency  
Application**

Name (Last, First, MI, Maiden): \_\_\_\_\_

Sex: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Current address: \_\_\_\_\_

\_\_\_\_\_

Permanent address (if different): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Citizenship: \_\_\_\_\_

Race/ethnicity: \_\_\_\_\_

Are you a member of the military or U.S. veteran? \_\_\_\_\_

For the following questions, please answer **yes** or **no**. For any yes answer, please attach any relevant information or documentation.

1. Have you ever been disciplined for student conduct violations (e.g. academic probation, dismissal, suspension, disqualification, etc.) by any college or school? \_\_\_\_\_

2. Have you ever been disciplined for academic performance (e.g. academic probation, dismissal, suspension, disqualification, etc.) by any college or school? \_\_\_\_\_

3. Have you ever been convicted of a felony? \_\_\_\_\_

4. Have you ever had any certification, registration, license or clinical privileges revoked, suspended or in any way restricted by an institution, state or locality? \_\_\_\_\_

5. Have you ever been convicted of a misdemeanor? \_\_\_\_\_

1. Please list the test date and result of the National Board Dental Examinations (NBDE) Part 1. Include average score if applicable.

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2. Please let the list the test date and result of the NBDE Part 2. Include average score if applicable.

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College attended: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Degree awarded: \_\_\_\_\_

College attended: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Degree awarded: \_\_\_\_\_

Professional school attended: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Degree awarded: \_\_\_\_\_

Professional school attended: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Degree awarded: \_\_\_\_\_

# Application checklist

Send each of the following documents to:

UTHealth School of Dentistry  
Oral & Maxillofacial Pathology Program  
c/o Dr. Nadarajah Vigneswaran, Interim Director  
7500 Cambridge St., Suite 5357  
Houston, Texas 77054

- ◆ Completed application form
- ◆ Official college and professional school transcripts sent directly to Registrar (address below)
  - Dental school transcript to include GPA, class size, and class rank as applicable
  - Applicants who have attended college and professional school outside of the United States will need to have their credentials evaluated by either World Educational Services (WES) or Educational Credential Evaluators (ECE)
- ◆ Three letters of recommendation (sealed)
- ◆ Curriculum vitae
- ◆ One- to two-page personal statement
- ◆ TOEFL scores (for non-English speaking applicants)

Send transcripts to:

UTHealth  
Office of the Registrar  
PO Box 20036  
Houston, TX 77225-0036