

Application Checklist

Send each of the following documents to:

UTHealth School of Dentistry
Oral & Maxillofacial Pathology Program
c/o Dr. Nadarajah Vigneswaran, Program Director
7500 Cambridge St., Suite 5371
Houston, Texas 77054

- ✓ Completed application form
- ✓ Official college and professional school transcripts sent **directly to the 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)
- ✓ Application fee of \$60 (Money Order payable to UTHealth)

Send transcripts to:

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

**Application packets are considered incomplete if any of the afore mentioned items are missing and will not be reviewed.*