

Application for Admission to The University of Texas School of Dentistry at Houston

Office of the Registrar

P.O. Box 20036 - UCT 2250 Houston, TX 77225
(713)500-3361 Fax: (713)500-3356

ck/mo# _____
\$ _____ / _____ / _____
Initials _____
office use only (PAID)

1. US Social Security Number ([click here for SSN disclosure information](#))

(Enter 9 digits w/ no dashes. If you have no US SSN, please leave blank)

			-					
--	--	--	---	--	--	--	--	--

2. Date of Application (mmddyyyy)

		/			/				
--	--	---	--	--	---	--	--	--	--

3. Program Type (check the box for the program you wish to apply for)

- | | |
|---|--|
| <input type="checkbox"/> Endodontics | <input type="checkbox"/> Orthodontics |
| <input type="checkbox"/> General Dentistry (AEGD) | <input type="checkbox"/> Pediatric Dentistry |
| <input type="checkbox"/> General Practice Residency | <input type="checkbox"/> Periodontics |
| <input type="checkbox"/> Oral Surgery Residency | <input type="checkbox"/> Prosthodontics |
| | <input type="checkbox"/> Oral Pathology |

3.a. If you selected Oral Surgery, choose:

- 4-yr OMS Residency
- 6-yr dual OMS/MD Program
(6-yr OMS/MD applicants must also apply to the Medical School).

4. Projected entrance into the program for:

Year	2	0		
------	---	---	--	--

5. Name

Last	
------	--

First	
-------	--

Middle	
--------	--

Last		First	
------	--	-------	--

(If the information necessary to process this application is located under a different name, please include such name in the spaces above.)

6. Birth Date (mmddyyyy)

		/			/				
--	--	---	--	--	---	--	--	--	--

7. Gender**

- Female
- Male

8. Ethnic Origin:**

- | | |
|--|--|
| <input type="checkbox"/> Native American | <input type="checkbox"/> Caucasian American |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Hispanic American |
| <input type="checkbox"/> Black American | <input type="checkbox"/> Non-US Citizen & Non-Perm. Resident |

** This information is requested in compliance with Title VI and Title IX of the Civil Rights Act of 1964. It in no way affects the processing of your application.

***** If completing this form online, click on this link for a complete list of Country, State, Texas County, and VISA codes to use in completing the following items and addresses. You may wish to open this list in a separate browser window, for easier reference. *****

9. Birth Place

City	State	Country Code

10. I am a citizen of (country):

--

a. If your country of citizenship is not USA, what is your immigration VISA type? (Examples: J1, F1, PR) If you are an immigrant classified by INS as a "Permanent Resident" or "Alien Resident" of the US, enter PR.

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b. What US state is your state of residence? (US citizens and Permanent Residents/Resident Aliens only)

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c. If residence state is Texas, which County?

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THE UNIVERSITY of TEXAS
HEALTH SCIENCE CENTER AT HOUSTON

Application for: _____
Name (Last, First MI)

11. Permanent mailing address :

Street _____
City _____ State _____ Zip Code _____ Country Code _____
(_____) _____ - _____
Phone Number _____ e-mail address _____

12. Current mailing address (if different) :

Street _____
City _____ State _____ Zip Code _____ Country Code _____
(_____) _____ - _____ (_____) _____ - _____
Home Phone _____ Business Phone _____

13. Father's Name _____ (_____) _____ - _____
Telephone

Address _____
Street Number and Name City County State Zip

Birthplace _____ How long in Texas? _____

Father's Occupation _____ Educational Background _____

14. Mother's Name _____ (_____) _____ - _____
Telephone

Address _____
Street Number and Name City County State Zip

Birthplace _____ How long in Texas? _____

Mother's Occupation _____ Educational Background _____

15. Emergency Contact:

_____ Name Relationship

_____ Address Phone

16. Foreign language proficiency:

Read: _____ Speak: _____

Application for: _____
Name (Last, First MI)

17 (a). Darkened fields are required information. If your college, university or professional school is not listed, fill in the spaces provided in section

17 (b). Include any you plan to attend prior to enrollment. An **OFFICIAL** transcript from **EACH** college, university or professional school is required**. **Please request that transcripts be sent electronically.** Begin with the first school attended.

Institution Name

Attended (yyyymm)

to (yyyymm)

Education Level of This Enrollment

Undergraduate

Graduate

Post-Baccalaureate

Professional

Degree

Date of Degree (yyyymm)

Subject of Study

Note or Graduation Honor (limit 20 characters)

Institution Name

Attended (yyyymm)

to (yyyymm)

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Degree

Date of Degree (yyyymm)

Subject of Study

Note or Graduation Honor (limit 20 characters)

I am sending the remainder of this list by email or separate page.

**Copies of transcripts will not be considered official.

Application for: _____
 Name (Last, First MI)

Institution Name _____		Location (City, State, Country) _____	
Attended (yyyymm) [][][][] / [][]	to (yyyymm) [][][][] / [][]	Education Level of This Enrollment <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Baccalaureate <input type="checkbox"/> Professional	
Degree _____	Date of Degree (yyyy/mm) [][][][] / [][]	Subject of Study _____	Note or Graduation Honor _____

Institution Name _____		Location (City, State, Country) _____	
Attended (yyyymm) [][][][] / [][]	to (yyyymm) [][][][] / [][]	Education Level of This Enrollment <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Baccalaureate <input type="checkbox"/> Professional	
Degree _____	Date of Degree (yyyy/mm) [][][][] / [][]	Subject of Study _____	Note or Graduation Honor _____

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I am sending the remainder of this list by email or separate page.

18. List degree(s) expected or pending.

Name of Institution	Location	Degree	MM/YYYY

19. List collegiate fellowships, scholarship, scholastic honors, and any other special recognition:

20. Military experience:

Branch of service	Date of entry	Highest grade or rank achieved
Date of discharge	Type of discharge	Reserve status

21. Are you applying under the auspices of the Air Force Institute of Technology (AFIT) Program? Yes No
For a full civilian program? Yes No

22. Are you applying under the Federal Service Program? Yes No

23. Tests

Name of Test	Date of Test (yyyymm)	Test Scores	
		Part 1	Part 2
DENTAL NATIONAL BOARDS	Part1: [][][][] / [][] Part 2: [][][][] / [][]	_____	_____
STATE BOARDS: _____	_____	_____	
GRADUATE RECORD EXAMINATION <small>When entering Analytical Writing score, enter without decimal & with leading 0. Example: enter 3.5 as 035</small>	[][][][] / [][]	Verb	Quan Anal/Writ
Other: _____	_____	_____	
COMPUTER-BASED TOEFL <input type="checkbox"/> PAPER-BASED TOEFL <input type="checkbox"/>	[][][][] / [][]	_____	

Application for: _____
Name (Last, First MI)

24. Professional and Teaching Experience: (Use additional sheets if necessary.)

Practice of dentistry: Professional Experience: (Included dates and locations)

Residency/fellowship (Include type of training):

Teaching:

Publications:

Honors or Awards (year):

Other experience:

25. Have there been, or are there currently , any pending professional liability claims, suits, settlements or other proceedings involving your professional practice? Yes No

If yes, please explain:

26. Have any of the following ever been, or are any currently in the process of being denied, revoked, suspended, probated, or limited?

- | | | | | | |
|-------------------------|------------------------------|-----------------------------|-----------------------------------|------------------------------|-----------------------------|
| Dental | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Clinical | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| DEA or other controlled | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dental Association membership, or | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hospital Staff | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Professional Liability | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Application for: _____ Name (Last, First MI)

27. References (Dental School Dean plus 3 former teachers from dental school or associates. See instructions.)

D E A N	Last	_____	, First	_____
	Title	_____	Phone	_____
#1	Last	_____	, First	_____
	Title	_____	Phone	_____
#2	Last	_____	, First	_____
	Title	_____	Phone	_____
#3	Last	_____	, First	_____
	Title	_____	Phone	_____

28. Are any criminal charges currently pending against you or have you ever been convicted of any misdemeanor or felony offense, or ever received deferred adjudication for any misdemeanor or felony offense, whether or not you were adjudicated guilty, and whether or not you were placed on probation, community supervision, or other supervised release? Applicants need not disclose minor traffic offenses (Class C misdemeanor only). Applicants need not disclose information regarding a sealed juvenile record or other criminal record that has been expunged by court order. It is the applicant's responsibility to ensure any unreported criminal charge, conviction, and/or deferred adjudication is in fact actually expunged by court order or sealed under relevant state or federal law.

Failure to disclose any pending criminal charge, any conviction, and/or any deferred adjudication (not sealed or expunged by court order) may result in an applicant being denied admission.

Yes No

If yes, please explain:

xx

I certify that the information on this form is true and correct to the best of my knowledge. I understand that willfully withholding information or making false statements in this application may be used as the basis of dismissal.

Signature of Applicant

Date

Please continue to the next page for the final item.

Application for: _____
Name (Last, First MI)

29. Statement: Reasons and objectives for your application for an advanced education program.

NOTE: Ensure your essay or any field is visible. If you cannot see some of it, neither can the faculty.

Reset