

APPLICATION CHECK LIST

APPLICATION DEADLINE IS **APRIL 2, 2010**

Before sending in your application, please make sure all the documents listed below are included. All copies sent should be either certified or notarized. Copies not bearing an original seal cannot be accepted as a required final document. Failure to provide with required documents before the deadline will result in application not being reviewed without refund of the application fee.

PLEASE SUBMIT THE FOLLOWING DOCUMENTS IN ORDER:

COMPLETED APPLICATION FORM (Signed and Dated)

Please clearly print or type.

PERSONAL STATEMENT

DENTAL EXPERIENCE

This may be in a form of an essay, resume, or curriculum vitae.

OFFICIAL COURSE-BY-COURSE EVALUATIONS

Original or notarized official ECE (www.ece.org), WES (www.wes.org) or AAC RAO (www.aacrao.org) course-by-course evaluation. No actual college transcripts will be accepted. Please make sure the document submitted is labeled 'Course-By-Course Evaluation' and is **issued from one of the three accreditors listed above.**

DENTAL DEGREE

School certified or notarized copy; if in a language other than English must be accompanied by a notarized translation from a bonified U.S. translator. Please note that **no provisional degrees** are accepted.

NATIONAL BOARD DENTAL EXAMINATION- PART I

Original or notarized results of the National Board Dental Examination Part I showing all four sections successfully passed. There is no cut off score for NBD PT I; only passing score (75) is required. Part II is encouraged, however, is not required. If Part II has been taken, scores need to be submitted **before** deadline to be considered as part of the application.

TEST OF ENGLISH AS A FOREIGN LANGUAGE (TOEFL)

INSTITUTION CODE: 0040

Original or notarized results of having successfully received a minimum score of 237 on a computer based version, 580 on a paper based version, or 95 on the new internet based version of the exam. Score received at the time of application being submitted must be less than three years old from the date exam was taken. All applicants **must** take TOEFL, regardless of residency status or circumstances. You will need to submit TOEFL even if you are US citizen/resident, hold any other type of U.S. degrees (BS, MS, MBA, PhD), or even if currently enrolled in a different institution. No **other** English skill exams may replace TOEFL.

THREE LETTERS OF RECOMMENDATIONS

The recommendation letter will not be accepted if the letter is older than 12 months from the date it was written at the time of application being submitted. Letters should be in English, or translated by a bonified U.S. translator if it was written in language other than English. Out of the three letters required, 1 must be from a faculty of Dental School graduated, and 1 must be from a dental practitioner. Having sent in more than required number of letters will not be given any priority over other applicants.

BOARD OF REGENTS QUESTIONEEER

APPLICATION FEE

A non-refundable application fee of \$175 in forms of **cashier's check or money order**; please make checks payable to University of Colorado Denver, School of Dental Medicine (UCD SODM).

All application, required documents and fee must be received by or post marked by **April 2, 2010. Any documents post marked after this date will not be considered as part of the application. Once application is received, an email confirmation stating the status of the application will be sent out. Please note that admission process is not on a rolling-basis, therefore, applicants will receive notice of decision after the proposed deadline.**

Note: For translations you may contact:

1. Contact your school for certified/notarized translation; or
2. A translator accredited by the American Translators Association (www.atanet.org) or 703.683.6100
3. Certified or registered court interpreter. Information on court interpreters is available through the Judicial Council at 415.865.7530. General information is provided at www.courtinfo.ca.gov. The court interpreter must sign the translation and declaration in the presence of a Notary Public.

ALL ISP DOCUMENTS MUST BE SENT TO:

UNIVERSITY OF COLORADO DENVER
SCHOOL OF DENTAL MEDICINE
INTERNATIONAL STUDENTS PROGRAM
ATTN: JANE MILLER
MAIL STOP F838
PO BOX 6508
AURORA, CO 80045

PHYSICAL ADDRESS (FEDEX/DHL/UPS ONLY)

UNIVERSITY OF COLORADO DENVER
SCHOOL OF DENTAL MEDICINE
INTERNATIONAL STUDENT PROGRAM
ATTN: JANE MILLER
13065 E 17TH AVE SUITE 104
AURORA, CO 80045

EDUCATION HISTORY

16. List all schools attended in sequential order beginning with your University/College (undergraduate) education and finishing with the Dental School you attended or are currently attending and its location. List the college/University course(s) of study (major), the degree(s) earned or anticipated, and the date in month/year (mm/yyyy) format. (Junior High and High School studies not required)

PRINT CLEARLY OR TYPE

Full Name of Institution	Location of Institution (City, Country)	Month & Year Date Entered	Month & Year Date Withdrew	Course of Study	Degree Earned	Month & Year Date of Degree
University of Colorado School of Dental Medicine	Denver, CO, USA	07/2000	06/2002	Dentistry	DDS	06/2004

If you attended additional schools, write them on an attached sheet.

17. Have you ever been dismissed from any college graduate or professional school? Yes No

If Yes, Please attach a statement of explanation.

18. Have you ever been licensed in any country as a dentist? Yes No

If Yes, which country: _____ Date: _____

19. What is your native language? _____

20. Other language(s): _____ Speak Read Write

_____ Speak Read Write

_____ Speak Read Write

21. How long have you studied English? _____ Where did you learn English? _____

Please give the date that you took or will take the following tests and the test scores:

22. Test of English as a Foreign Language (TOEFL) Date: _____ Total Score: _____

23. National Dental Examination, Part I Date: _____ Total Score: _____

24. National Dental Examination, Part II (if taken) Date: _____ Total Score: _____

25. Please attach an extra sheet detailing your **DENTAL EXPERIENCE**; on a separate sheet write a personal statement explaining your **FUTURE GOALS** as a practicing dentist.

26. How did you hear about this program? _____

I certify that the information given in this application is accurate and complete to the best of my knowledge. I understand that I am responsible for forwarding any required pre-dental and dental documentation/records to the **International Dental Studies Program**, from any previous school(s) I have attended. I understand that any falsification of my application or irregularities of records is grounds for an immediate and non-refundable cancellation of my application or enrollment.

Applicant's Signature: _____ Date: _____

Please sign and date this application and submit it along with all requested documentation; also submit the *non-refundable* application fee of U.S. \$175.00 in the form of cashier's check or money order. Make the check/money order payable to: University of Colorado Denver, School of Dental Medicine.

PLEASE NOTE: APPLICATION MUST BE RECEIVED OR POSTMARKED BY APRIL 2, 2009

**UNIVERSITY OF COLORADO DENVER SCHOOL OF DENTAL MEDICINE
PERSONAL STATEMENT/GOALS**

SIGNATURE _____ DATE _____

**UNIVERSITY OF COLORADO DENVER SCHOOL OF DENTAL MEDICINE
DENTAL EXPERIENCE**

SIGNATURE _____ DATE _____

**UNIVERSITY OF COLORADO DENVER SCHOOL OF DENTAL MEDICINE
Letter of Recommendation Form**

Applicant Name: _____

Name of Persons Providing a Recommendation:

The Family Educational Rights and Privacy Act provides that each applicant will have the right of access to his/her letters of recommendation. Check one box and sign below the appropriate statement.

_____ I hereby waive my right of access to this information and authorize the above-named person to provide a candid evaluation and all relevant information to the University of Colorado School of Dental Medicine. By waiving this right of access, I understand that this completed form will be held in confidence from me by the University of Colorado School of Dental Medicine to the extent permitted by law.

_____ I do not waive my right of access to this recommendation, but authorize the above-named person to provide a candid evaluation including all relevant information to the University of Colorado School of Dental Medicine.

Signature _____ **Date** _____

BOARD OF REGENTS QUESTIONNAIRE

The University of Colorado requires that all applicants provide information concerning any past felony or misdemeanor records. This is a rule, not of the Dental School, but the University of Colorado system imposed by the *Board of Regents*.

While the record of a conviction would not necessarily prevent an applicant from being accepted or enrolled at the School of Dental Medicine, **failure** to provide information concerning such conviction would prevent matriculation or dismissal if the information were later revealed, thus indicating that the applicant had falsified the report.

In compliance with this regulation, please sign the attached form, after correctly answering the question. Thank you for compliance with this regulation. We are pleased that you are an applicant to the University of Colorado School of Dental Medicine.

As required by the *Board of Regents of the University of Colorado* you must answer, sign and submit as part of your formal records the following question.

Have you ever been convicted of a felony or misdemeanor other than traffic violations?

Yes _____

No _____

If you answered "Yes" to the above question, please attach a statement of explanation.

I hereby certify that to the best of my knowledge the information above is true and complete. I understand that if found to be otherwise, it is sufficient cause for rejection or dismissal.

Print Name _____

Signature _____ Date _____