

APPLICATION CHECK LIST

APPLICATION DEADLINE IS JANUARY 31, 2007

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 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. 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)

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 the application submitting 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.

TWO 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 submitting. Letters should be in English, or translated by a bonified U.S. translator if it was written in language other than English. Letters from Dean of the dental school attended is not required. Having sent in more than required number of letters will not be given any priority over other applicants.

BOARD OF REGENTS QUESTIONEER

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 School of Dentistry.

All application, required documents and fee must be received by or post marked by JANUARY 31, 2007. Any documents post marked after this date will not be considered as part of the application. Once application is received, a letter 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 resister 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 SCHOOL OF DENTISTRY
INTERNATIONAL STUDENTS PROGRAM
ATTN: JANE MILLER
MAIL STOP F838
PO BOX 6508
AURORA, CO 80045
303.724.7060 (no faxes accepted)**

PHYSICAL ADDRESS (FEDEX/DHL DELIVERIES ONLY)

**UNIVERSITY OF COLORADO SCHOOL OF DENTISTRY
INTERNATIONAL STUDENT PROGRAM
ATTN: JANE MILLER
13065 E 17TH AVE
AURORA, CO 80045
303.724.7060**

ISP PROGRAM APPLICATION JANUARY 2008

PRINT CLEARLY OR TYPE

1. Family Name: _____
2. First Name: _____ Middle Initial: _____
3. Other Name (Please list any other name that will appear on your academic records): _____

APPLICATION INFORMATION

4. Current Mailing Address: _____

City: _____ State/Province: _____

Country: _____ Code: _____

5. Primary phone #: () _____ Secondary phone #: () _____
E-Mail (required): _____

6. Permanent Mailing Address: (if different than above) _____

City: _____ State/Province: _____

Country: _____ Code: _____

7. Social Security Number: _____

8. Gender: Male Female

9. Marital Status: Single Married Divorced Widowed

10. Date of Birth: (mm/dd/yyyy) _____ Place of Birth _____
City Country

11. Country of Citizenship: _____

12. Are you a U.S. permanent resident: Yes No

If Yes, Alien Registration Number: A- _____ Expiration Date: _____

Complete this section if you are not a U.S. permanent resident or U.S. citizenship:

13. Do you hold a U.S. Visa? Yes No

• If yes, Classification: (circle one) F-1, J-2, B-2, H-4, Other _____ Expiration Date: _____

• If not, what type of visa do you intend to apply for? _____

14. Do you currently hold an I-94 Form (Arrival/Departure Record)? Yes No
(If yes, attach a copy of both sides of your I-94 card.)

15. Do you currently have a Form I-20 I.D. Copy? Yes No
(If yes, attach a copy of each side of your I-20 and I.D. Copy)

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 Withdraw	Course of Study	Degree Earned	Month & Year Date of Degree
University of Colorado School of Dentistry	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 predental 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 cashiers check or money order. Make the check/money order payable to: University of Colorado School of Dentistry.

PLEASE NOTE: APPLICATION MUST BE RECEIVED OR POSTMARKED BY JANUARY 31, 2007

**UNIVERSITY OF COLORADO SCHOOL OF DENTISTRY
PERSONAL STATEMENT/GOALS**

SIGNATURE _____ **DATE** _____

**UNIVERSITY OF COLORADO SCHOOL OF DENTISTRY
DENTAL EXPERIENCE**

SIGNATURE _____ **DATE** _____

UNIVERSITY OF COLORADO SCHOOL OF DENTISTRY
Letter of Recommendation Form

Applicant Name: _____

Name of Person's 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 Dentistry. 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 Dentistry 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 Dentistry.

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 Dentistry, **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 Dentistry.

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 _____