

Application Form

() New Applicant - or- () Re-Applying from 2007
for Admission to VCU Postgraduate Program in Orthodontics

Personal information

Last name:	First name and M.I.:
Nickname:	E-mail:
Current address (including state, country, ZIP):	Telephone numbers (include area code): Current home: Current school or office: Permanent home:
Social Security Number:	Match Program Number:

Note: Fill out this application completely and enclose a CV.

National Boards: I have taken National Boards. Please send a copy of your scores. Other test scores may be included.

Required Part I Score:	Part II Score (if taken):
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Education

List all post secondary schools attended. Begin with most recent and list months and years each attended inclusively. Be sure to include any residencies. *Reminder: Send transcripts and program letters.*

	from	to	Degree Earned _____
	from	to	Degree Earned _____
	from	to	Degree Earned _____
	from	to	Degree Earned _____
	from	to	Degree Earned _____

Dental School GPA and Rank:

Current if Student or Cumulative if Graduated: GPA: _____ (Scale _____)
Current if Student or Final if Graduated: Class Rank: #____ of _____ students

Dental school evaluation letter enclosed. Rank and GPA are on my transcript.
 No scores or ranks are recorded at my school.

<p>Mail to: Postgraduate Selection Committee Department of Orthodontics VCU School of Dentistry 520 N. 12th Street, Room 111 P.O. Box 980566 Richmond, Virginia 23298-0566</p>	<p>Office Use Only: Application, Fee, Personal Statement _____ All Transcripts/Program Letters _____ National Board Scores _____ School Evaluation Letter Y/N _____% _____ Letters of Recommendation _____ TOEFL (if needed) _____</p>
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Deadline: Sept. 15, 2008; receipt at VCU.

Application and all items in one envelope!