



Advanced Education in General Dentistry  
Application for Admission

TO BE COMPLETED ONLY IF PASS  
DEADLINE HAS BEEN MISSED

ATTN: SHEILA GANDY, AEGD APPLICATION  
UNIVERSITY OF DETROIT MERCY SCHOOL OF DENTISTRY  
2700 MARTIN LUTHER KING JR. BOULEVARD  
DETROIT, MI 48208-2576

# APPLICATION FOR ADMISSION

(Please review instructions on Page 4)

**M**      **F**

\_\_\_\_\_  
Last Name (Family Name)                      First Name                      Middle or Maiden Name                      Gender (circle)

**Your Home Address**

\_\_\_\_\_  
Number                      Street                      Area Code                      Home Phone Number

\_\_\_\_\_  
City                      State                      ZipCode                      Area Code                      Office Phone Number

\_\_\_\_\_  
E-mail Address                      Area Code                      Cell Phone Number

\_\_\_\_\_  
Date of Birth                      Place of Birth

**U.S. Citizen** (circle)    **Yes**      **No**    **If no, US Permanent Resident** (circle)    **Yes**      **No**                      **Dentpin:** \_\_\_\_\_

**Undergraduate, graduate and professional schools attended:**

	Institution	Dates	Degree	GPA
<b>Undergraduate:</b>	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
<b>Graduate:</b>	_____	_____	_____	_____
	_____	_____	_____	_____
	Major field _____	Minor field(s) _____	_____	_____
<b>Professional:</b>	_____	_____	_____	_____
	_____	_____	_____	_____

**State(s), or Providence(s), in which you are licensed to practice dentistry:** \_\_\_\_\_

**Indicate the professional license held and the date issued:** \_\_\_\_\_

**Have you ever been charged with or have you ever been convicted of a felony or misdemeanor, other than a minor traffic violation?**                      **Yes**      **No**

**Were you ever the recipient of any disciplinary action by any educational institution?**                      **Yes**      **No**

**Have you ever been subject to disciplinary action by a licensing board?**                      **Yes**      **No**

**List any honors or awards received as an undergraduate in dental school:** \_\_\_\_\_

**List organizations or extracurricular activities in which you have been active:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give titles of articles, publications, or research completed; state nature of project or article (i.e., research paper, essay, table clinic, etc.). If published, cite source:

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**Work experience:**

Job Description	Employer	Dates
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<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

**Military service:**

Position	Dates
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

List three persons as references who are familiar with you and your professional record: (See #3 of "Application Procedure" on Page 4)

Name	Position	Address
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

What factor, or factors, prompted you to pursue an AEGD residency position at this time in your career?  
On a separate sheet of paper, please write a personal essay outlining your desire to pursue an AEGD residency position.

I hereby certify that the above information is complete to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING APPLICATION

### GENERAL INFORMATION

**This application should ONLY be completed if the PASS deadline has been missed.**

1. The University of Detroit Mercy AEGD application is processed through PASS prior to September 1.
2. After the PASS deadline, September 1, interested applicants should contact the AEGD Program Director directly.
3. Applicants must be graduates of or graduating from an accredited dental school within the United States or Canada.
4. The AEGD program is designed to fulfill the standards for advanced education in general dentistry as specified by the Commission on Dental Accreditation (CODA).
5. The program is a full-time, 5 day/week program lasting 12 months. A second year is optional as negotiated between the resident and the AEGD Program Director. First year residents are prohibited from working outside of the program.
6. The completion of an application in no way implies or guarantees the acceptance of the applicant as a resident in this program. Acceptance comes through an official notification from the AEGD Program Director. In determining an applicant's eligibility, the committee will give careful consideration to the applicant's academic preparation, national test scores, essay, experience, faculty recommendations and extracurricular activities.
7. The University of Detroit Mercy is committed to the principle of equal opportunity for all regardless of age, sex, race, creed, national or ethnic origin, handicap, weight and sexual preference.
8. On notice of acceptance, a non-refundable deposit of approximately \$700.00 must be received with your letter of acceptance to reserve your position. The letter of acceptance and the non-refundable fee must be received within 14 days of the date on the letter. Your position will not be guaranteed beyond the 14 days.

### APPLICATION PROCEDURE

1. Read this application form carefully and type or print the answers. If additional space is required to answer the questions, use an additional sheet of paper.
2. A separate sheet of paper should be used to complete your essay.
3. You are asked to list three faculty members who are familiar with you as an individual and with your academic record. Two of these faculty should be familiar with your clinical skills. Please ask these individuals to forward letters of reference concerning your character and professional ability directly to the School of Dentistry. In addition, a letter must come from the Dean or other administrative officer of the dental school last attended.
4. An official school of dentistry transcript must be sent to the University of Detroit Mercy School of Dentistry at the address shown below. Transcripts cannot be accepted unless transmitted directly from the school attended.
5. Official National Board Examination results must be submitted to the same address.
6. Please attach a passport type photograph of yourself (approx 2" x 2").
7. The completed application form should be accompanied by a check or postal money order in the amount of \$75.00 (U.S. Currency) made payable to the University of Detroit Mercy School of Dentistry. The application fee is not refundable.
8. Applicants will not be considered until all records (official transcripts, official NBDE results, and recommendation letters) 2x2 photo and fees have been received. **Mail the completed application to:**

**ATTN: Sheila Gandy AEGD Application  
University of Detroit Mercy School of Dentistry  
2700 Martin Luther King Jr. Boulevard  
Detroit, Michigan 48208-2576**