

**University of Detroit Mercy
School of Dentistry**

**Graduate Program
Endodontics**



Application for Admission

2700 Martin Luther King Jr. Blvd.
Detroit, Michigan 48208

INSTRUCTIONS FOR COMPLETING APPLICATION

GENERAL INFORMATION

1. Applicants may apply directly to the University of Detroit, Mercy School of Dentistry, Endodontic Department using this form, or through the Postdoctoral Application Support Service (PASS). The specific University of Detroit Mercy application fee and photograph are not processed through PASS.
2. Applicants must be graduates of an accredited dental school.
3. The graduate program is designed to fulfill the standards for Advanced Specialty Education Programs in Endodontics of the Commission on Dental Accreditation of the American Dental Association.
4. The program is a full-time, 5 day/week program lasting 24 months.
5. The filing of an application in no way implies nor guarantees the acceptance of the applicant as a student into this program. Acceptance comes through an official notification from the Graduate Admissions Committee. In determining an applicant's eligibility, the committee will give careful consideration to the applicant's academic preparation, National Board test scores, experience and extracurricular activities.
6. 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.
7. On notice of acceptance, a deposit fee of \$1,500.00 must be returned with your letter of acceptance within 10 days; otherwise, your position will not be reserved and it will be re-opened to others. This non-refundable deposit is creditable to your first semester's tuition.

WHEN TO APPLY

Applications for admission can be filed with the Department of Endodontics May 2 –August 1, 2016 COB (*close of business*) prior to the year you would like to enter the program.

APPLICATION PROCEDURE

1. Read this application form carefully and type or print the answers. Please make your answers legible and intelligible. If additional space is required to answer the questions, use an additional sheet of paper.
2. Only completed applications will be reviewed.
3. Request each College and University where graduate work has been completed to send an official transcript to the University of Detroit, Mercy, School of, Dentistry, Department of Endodontics. Transcripts cannot be accepted unless transmitted directly from the school or included with the PASS materials.
4. National Board results must be submitted prior to acceptance.
5. The completed application 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 nor is it creditable to the tuition if the applicant is accepted.
6. You are asked to list three persons who are familiar with you as an individual and with your professional record. Please ask these individuals to forward letters of reference concerning your character and professional ability *directly* to the Department of Endodontics. One of these letters must come from the Dean or other officer of the dental school last attended.
7. Applicants will not be considered until all records (transcripts and letters) and fees have been received. Be sure all materials requested are returned to:

Endodontics Graduate Program
University of Detroit Mercy, School of Dentistry
2700 Martin Luther King Jr. Blvd.
Detroit, Michigan 48208

ATTACH PHOTOGRAPH ♦ Passport Type ♦ (approx. 2. x 2 1/2)

8. Those individuals who are reapplying for admission to the Endodontic Program should indicate **RE-APPLICATION** on the **TOP** front of the new application. A reactivation fee of \$75.00 should be forwarded to the Endodontic Department along with an updated CV.

GRADUATE PROGRAM ENDODONTICS APPLICATION

Last Name (*Family Name*) First Name Middle or Maiden Name Sex

E-mail address: _____

Home _____ (____)_____
Address *Number* *Street* (*Area Code*) *Cellular Phone*

City State Zip Code (____)_____
(Area Code) Home Phone

Date of Birth Place of Birth

U.S. Citizen: Yes ___ No___ if no, what Country? _____
Social Security Number

Full Name of Nearest Living Relative *Relationship*

Home _____ (____)_____
Address *Number* *Street* (*Area Code*) *Cellular Phone*

City State Zip Code

Undergraduate, graduate and professional schools attended:

	Institution	Address	Dates	Degree
Undergraduate:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Graduate: _____

Major Field: _____ Minor Field(s) _____

Dental School Attended: _____ Degree _____ Year _____

States in which you are licensed to practice dentistry:

List any honors or awards received as an undergraduate or 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:

What proficiency do you have in foreign languages?

Language	Speaking		Verbal Comprehension		Reading		Writing	
	Good	Fair	Poor	Good	Fair	Poor	Good	Fair

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Have you ever been dismissed, suspended from, or denied readmission to any school, college or university?
No _____ Yes _____ If .yes., please explain:

Previous employment experience:

Job Description	Employer	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

List three persons as references who are familiar with you and your professional record: (See No. 6 of Procedures on Page 2)

Name	Position	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

What factor or factors prompted you to select Endodontics as your area of specialization?

(If necessary use a separate sheet of paper)

Financial aid may be available from the University for students in the Endodontic graduate program. What is your anticipated source of financial support during graduate study?

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

Signature: _____

Date: _____