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Application Fee \$50

FEE PAID ____ CHECK # ____

**APPLICATION FOR ADMISSION
SCHOOL OF DENTISTRY
MASTERS IN CLINICAL DENTISTRY**
The University of Alabama at Birmingham

BIOGRAPHICAL DATA

Social Security Number:

Application Date:

Full Legal Name:

(Last, First, Middle)

Permanent Address:

Current Address:

City / State / Zip:

City / State / Zip:

Country:

Country:

Home Phone:

Current Phone:

Place of Employment:

Email Address:

Ethnic Background: Federal law requires the University to report the ethnicity of all US citizens and resident aliens in the following five categories. Please mark one: ____ White, non-Hispanic, ____ Black, non-Hispanic, ____ Hispanic
____ American Indian or Alaskan Native ____ Asian or Pacific Islander

Sex: Male ____

Female ____

Date of Birth (Month/Day/Year):

Country of Birth:

Country of Citizenship:

If you have permanent residence status, you must give your alien registration card number:

APPLICATION AND TEST DATA

Year you wish to enroll (all students begin class in July):

Note: Official Score Reports must be sent by the testing service to the School of Dentistry for GRE and TOEFL examinations. When requesting GRE scores, our institution code is 1856 and the department code is 0604. When requesting TOEFL scores, the institution code is 1856. For our advance notice, please give GRE score below.

Date GRE taken (month/year):

Verb ____ Quant ____ Analyt ____ (best scores)

EDUCATIONAL BACKGROUND

List each institution BEYOND SECONDARY SCHOOL that you have attended or are attending. OFFICIAL TRANSCRIPTS ARE REQUIRED FROM EACH INSTITUTION.

Name of Institution	Location	From	To	Degree/Major	Date of Degree

EXPERIENCE

List any experience in the following areas:

Private Practice (give dates, location, kind): _____

Dental Service with Armed Forces or Other Governmental Agencies: _____

Research: _____

Academic Appointments: _____

MEMBERSHIPS & HONORS

List membership or participation in honorary societies, extra-curricular activities, volunteer activities, or honors you have received.

[illegible]

RESEARCH

List research activities in which you have participated, including work as a research assistant, abstracts, and areas of research interest. Cite any publications.

In your own handwriting, please respond to the following questions. (Use attached page if necessary.)

1. What are your long-term career objectives after successful completion of the Biomaterials Program (i.e. teaching, private practice, research)?

2. Discuss your reasons for seeking post-doctoral education in biomaterials, and why you wish to study at this particular school.

3. If you could invent any dental material you could imagine, what would it be?

Thank you for your interest in Biomaterials at the University of Alabama at Birmingham School of Dentistry. Our medical facility at UAB is one of the most vibrant and active in the world. We strive to be productive in research, education, and patient care, and our students are an important part of reaching these goals.

Each year we receive many applications for the relatively few positions available. The application form is the primary source of information used to select applicants, so care should be exercised to complete the application completely and accurately. Incomplete applications will not be considered.

The availability of stipends and fellowships varies with budgetary limitations, and are typically limited in number. Participation in the biomaterials program will require full-time effort. Therefore, each student should plan his or her other obligations and responsibilities accordingly.

The Biomaterials program begins July 1. Notification of acceptance is usually mailed in early May. The application fee is \$50.

The deadline for this application is February 1.

Please mail the completed application to:

UAB School of Dentistry
Post-grad Admissions
Attn. Ms. Susie Moorer
SDB 124
1720 2nd Avenue South
Birmingham, AL 35294-0007

Additional information can be found on our website: <http://www.dental.uab.edu>

CHECKLIST FOR APPLICATION

- ☐ Official GRE and TOEFL scores mailed
- ☐ Application fee enclosed
- ☐ Three letters of recommendation (including one Dean's recommendation)
- ☐ Dental school and college transcripts mailed
- ☐ Financial Statement (international students only)
- ☐ Application Completed and Returned