

CASE WESTERN RESERVE UNIVERSITY
SCHOOL OF DENTAL MEDICINE
Fellowship Program in Oral Medicine
APPLICATION FOR ADMISSION

Date of Application _____

I am applying for admission to the Fellowship Program in Oral Medicine beginning in July of 20 _____
year

Type of Program Fellowship

Name _____
Last or Family First Middle

Previous Names _____

Gender: M F Date of Birth _____ Social Security Number xxx-xx-

Current Mailing Address _____ This address is valid until _____

Address _____

City _____ State _____ Zip Code _____

Country _____

Primary Phone Number _____ Alternate Phone Number _____

E-mail Address _____

If invited will you be available for a personal interview? Yes No

Citizenship: U.S. Citizen U.S. Permanent resident Other If this box is checked, please fill out the Non-U.S. citizen portion of the application.

Ethnicity/Race (optional) _____

National Dental Board Examination Scores (average): Part I _____ Part II _____

GRE scores _____

Previous Fellowships or Scholarships Received (if you would like to list more, please use the "Additional Information" box at the end of the application.)

| School | Year | Amount |
|--------|------|--------|
|--------|------|--------|

| | | |
|--|--|--|
| | | |
|--|--|--|

| | | |
|--|--|--|
| | | |
|--|--|--|

| | Name and Location | Major(s) & Type of Degree(s) Received | Dates Attended (From: To:) | Grade Point Average (G.P.A.) |
|-------------------------------------|-------------------|---------------------------------------|----------------------------|------------------------------|
| Undergraduate | | | | |
| Dental School | | | | |
| Graduate School (MPH or equivalent) | | | | |
| Other | | | | |

Have you completed any previous internships or residencies? Yes No

Area of Study _____

Location _____

Supervisor's name _____

If you would like to list more, please use the "Additional Information" box at the end of the application.

List the institutions from which you have requested transcripts to be sent to CWRU:

Please list the names and addresses of your three references who will be completing the recommendation forms

1. Name _____ Phone Number _____
Address _____ E-mail _____
2. Name _____ Phone Number _____
Address _____ E-mail _____
3. Name _____ Phone Number _____
Address _____ E-mail _____

Non-U.S. Citizens

Country of Citizenship _____

Indicate type of visa (*student, visitor, immigrant, etc.*) _____

If applicable, have you taken TOEFL (*Test of English as a Foreign Language*)? Yes No

Score _____ Computer Based Paper Based

Please describe your expected financial support during your period of graduate study:

In a separate sheet(s), please discuss your educational goals, reasons for undertaking graduate study, and your career objectives.

Please include a copy of your current curriculum vitae

Additional Information
Please enter any additional information such as additional fellowships of scholarships and additional internships or residencies here.

By signing below you are attesting to the fact that all information provided is accurate and correct to the best of your abilities. Electronic signatures are required for all applications submitted electronically; paper applications must have a clear, legible signature in ink

Diversity Statement

Case Western Reserve University is committed to Equal Opportunity and Diversity. Women, veterans, members of underrepresented minority groups, and individuals with disabilities are encouraged to apply.

Reasonable Accommodations

Case Western Reserve University provides reasonable accommodations to applicants with disabilities. Applicants requiring a reasonable accommodation for any part of the application and hiring/selection process should contact the Office of Inclusion, Diversity and Equal Opportunity at 216-368-8877 to request a reasonable accommodation. Determinations as to granting reasonable accommodations for any applicant will be made on a case-by-case basis.