

**CASE WESTERN RESERVE UNIVERSITY  
SCHOOL OF DENTAL MEDICINE  
INTERNSHIP APPLICATION**

Date of Application: \_\_\_\_\_

I am applying for admission to the Internship in: \_\_\_\_\_

Beginning on (mm/yyyy): \_\_\_\_\_

**Applicant Name:**

\_\_\_\_\_  
Last or Family First  
Middle

Previous Names: \_\_\_\_\_

Gender:       Male                               Female                               Other

Ethnicity/Race (optional): \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_

**Permanent Address:**

Street \_\_\_\_\_ Apt.: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Country \_\_\_\_\_

**Current Address:**                              Address Valid Until (Date): \_\_\_\_\_

Street \_\_\_\_\_ Apt.: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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.  U.S. Permanent Resident  Other  \_\_\_\_\_

U.S. (Integrated) National Dental Board Examination Results/Score(s):

Test Date	Test Type	Attempt	Results/Score
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Standardized Test Dates and Scores (GRE, ADAT, Etc.):

Test Date	Test Type	Attempt	Results/Score
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicants with a **non-U.S. dental degree** must submit either Test of English as Foreign Language (**TOEFL**) or International English Language Test System (**IELTS**) Score(s):

Test Date	Test Type (computer/paper)	Total Score
_____	_____	_____
_____	_____	_____
_____	_____	_____

Fellowships or Scholarships Received (if necessary, please use separate sheets)

_____	_____	_____
School	Dates	Financial Support
_____	_____	_____
School	Dates	Financial Support
_____	_____	_____
School	Dates	Financial Support

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**Education:**

	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 (Ex. MPH)				
Other				

Have you completed any previous internships or residencies? Yes  No

If yes:

Area of Study	School	Supervisor
Area of Study	School	Supervisor

- On a separate sheet(s), please discuss your **educational goals, reasons for applying internship, and your career objectives.**
- Please include a copy of your **current curriculum vitae.**
- Official copies of **ALL** test results/scores and transcripts including applicable World Education Services (**WES**) or Educational Credential Evaluators (**ECE**) evaluations must be submitted upon acceptance to the internship program.

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

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Signature

Date

**Diversity Statement**

Case Western Reserve University is committed to Equal Opportunity, Inclusion 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.

**Non-U.S. Citizens**

If applicable, Current Type of U.S. Visa: (student, visitor, immigrant, etc.)\_\_\_\_\_

In the space below including the next page, please describe your expected financial support during your period of internship (use separate sheets as necessary):