

**CASE WESTERN RESERVE UNIVERSITY
SCHOOL OF DENTAL MEDICINE
OMMDS MSD Program APPLICATION**

Date of Application: _____

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

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
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Area of Study	School	Supervisor
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- 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

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):