

## CASE WESTERN RESERVE UNIVERSITY SCHOOL OF DENTAL MEDICINE APPLICATION

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

I am applying for admission to \_\_\_\_\_ beginning in (mm/yyyy) \_\_\_\_\_

Type of Program:  Intern

Name:

\_\_\_\_\_

Last or Family                      First                      Middle

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

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

Permanent Address: \_\_\_\_\_ Address Valid Until Date: \_\_\_\_\_

Address \_\_\_\_\_

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

Country \_\_\_\_\_ Current state of Legal Residence: \_\_\_\_\_

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 on the last page.

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

Official National Dental Board Examination Score(s):

Test Taken Date:	Attempt:	Test Type:	Test Result:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Standardized Test Dates and Scores:

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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
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School	Year	Amount
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	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				

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Have you completed any previous internships or residencies?

Yes  No

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Area of Study	Location	Supervisor's Name
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(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 emails of your three references who will be submitting recommendation letters.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Additional Information**

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

On a separate sheet(s), please discuss your **educational goals, reasons for undertaking graduate study, and your career objectives**. Also, please include a copy of your **current curriculum vitae**.

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 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

Country of Citizenship: \_\_\_\_\_ Type of Visa: (student, visitor, immigrant, etc.) \_\_\_\_\_

Official TOEFL (Test of English as Foreign Language) Score(s):

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

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

