

SCHOOL OF DENTISTRY
UNIVERSITY OF SOUTHERN CALIFORNIA

Please type or print all information clearly in black ink. To provide added details to any question, use a separate sheet. Refer to the question by number. PLEASE FILL OUT FORM COMPLETELY.

Please submit this completed form directly to the University of Southern California, School of Dentistry, Office of Continuing Oral Health Professional Education, 925 West 34th Street, Room 4116 - Los Angeles California 90089-0641.

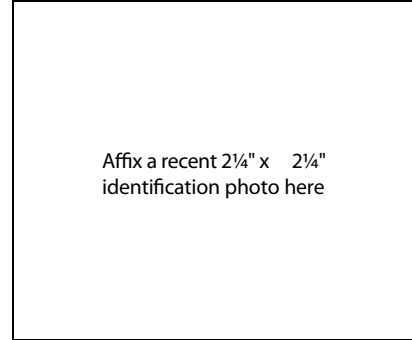
Dates of proposed study:

Beginning date: _____

End date: _____

Do you have a USC School of Dentistry mentor? _____

If so, what is the name of this faculty member?



Are you a citizen of the U.S.? Yes No

If not, from what country do you claim citizenship: _____

If you are a permanent resident of the U.S., provide your alien registration number: **A** _____

Sex : Male Female Date of Birth : _____ / _____ / _____ Place of Birth: _____
Month Day Year City State and/or Country

PERSONAL INFORMATION

1. Name _____ / _____ / _____
Last First Middle

2. Social Security Number _____ - _____ - _____ Citizenship : United States Other: _____
(Please Specify)

3. Current Mailing Address _____
Street/Apt
_____ City State Zip/Postal Code
Telephone () _____ Fax () _____
Area Code Telephone Area Code Telephone

4. E-mail Address _____

5. Permanent Legal Address _____
Street/Apt
_____ City State Zip/Postal Code
Telephone () _____ Fax () _____
Area Code Telephone Area Code Telephone

6. Marital Status: Single Married Number of Dependents _____

7. In what states are you licensed to practice? Please indicate a license number. _____

ACADEMIC BACKGROUND

Undergraduate Colleges or Universities:

Name, in chronological order, the institutions you attended for undergraduate college work. Give the name and location of each institution, the dates of your attendance, and the degrees received.

<i>Name of Institution</i>	<i>City and State</i>	<i>Date of Entrance</i>	<i>Date of Leaving</i>	<i>Diploma or Degree Received</i>

Dental Education:

Name, in chronological order, the dental schools, which you have attended. Give the name and location of each institution, the dates of your attendance, and the degrees received.

<i>Name of Institution</i>	<i>City and State</i>	<i>Date of Entrance</i>	<i>Date of Leaving</i>	<i>Diploma or Degree Received</i>

Post-Graduate Dental Education:

Name in chronological order the institutions you attended for post-graduate dental education. Give the name and location of each institution, the dates of your attendance, and the degrees/certificates received.

<i>Name of Institution</i>	<i>City and State</i>	<i>Date of Entrance</i>	<i>Date of Leaving</i>	<i>Diploma or Degree Received</i>

Please describe your professional experience; indicate the nature of the experience (private and /or associated practice, research, teaching) and the length of your involvement:

Please provide a description of the types of activities you would like to engage in during your time at the USC School of Dentistry:

What would you like to accomplish during your time at the University of Southern California School of Dentistry.

What particular area(s) of interests do you have - for example research, clinical dentistry, endodontics, etc. Please be as specific as possible.

How do you plan to use the experience you gain at USC?

NOTE THAT ALL INSTRUCTION AT THE UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF DENTISTRY IS CONDUCTED AT AN ACCELERATED PACE AND IN ENGLISH. Please describe your ability to speak and understand English.

APPLICANT'S AFFIDAVIT

I certify the information I have recorded to be complete and accurate, and that I have attended, or am attending no institutions other than those listed. I understand that all documents submitted for admissions consideration become the property of the University of Southern California and will not be returned to me, nor duplicated for me, for any reason. If I am accepted to the USC School of Dentistry, my admission is subject to verification of all official records from the institutions. I further acknowledge that the application fee only partially covers the cost of processing my application and that the application fee is non-refundable.

Signature: _____ Date: _____

INFORMATION REGARDING SUBMITTING THIS APPLICATION:

- **\$345.00 Application and Processing Fee:**
This amount includes: \$95.00 application fee and \$250.00 J1 Visa Processing Fee (non-US residents only)
All fees are non-refundable and may be subject to change.
- Curriculum Vita (Résumé) or Biographical Statement
- Two letters of evaluation from former dental school instructors.
- Official Dental School Transcripts with English translation:
Transcripts include a year-by-year record indicating the number of lecture and laboratory hours devoted each week to each course and the grades received, in addition to official documents indicating degrees awarded with titles and dates conferred.
- Financial Statement
Non-US residents requiring an I-20 student visa must provide a current bank statement demonstrating sufficient funds to support the cost of tuition and living expenses. Currently this amount is approximately \$US 95,000.00.
- IAP-66 Form: Non-US students and scholars present this form to receive J-1 status. The IAP-66 form shows the authorized program participation dates and a description of the program of activity.
Form is available as: <http://www.usc.edu/student-affairs/OIS/Service/index.html>

PLEASE SUBMIT THE IAP-66 FORM TO THE SCHOOL OF DENTISTRY ALONG WITH THIS APPLICATION FORM.

PROCESSING TIME: 6 TO 8 WEEKS.

- Non-US individuals wishing to study at USC School of Dentistry for more than 1 month must submit scores from the TOEFL (Test of English as a Foreign Language). This requirement may be waived for individuals who have an identified USC dental faculty mentor. For information regarding the TOEFL examination please contact:

TOEFL.TSE Services
Test of English as a Foreign Language
P.O. Box 6151
Princeton, N.J. 08541-6151
(609) 771-7100
<http://www.ets.org>

USC's TOEFL Code: 4793-38

For questions and further details please contact:

University of Southern California, School of Dentistry
Office of Continuing Oral Health Professional Education
925 West 34th Street, Room 4116
Los Angeles, CA 90089-0641
Tel: (213) 821-2127 Fax: (213) 740-3973
<http://www.usc.edu/hsc/dental>