



## APPLICATION FOR ADMISSION

*PLEASE TYPE OR PRINT LEGIBLY*

Full Name: \_\_\_\_\_  
Last First Middle

Former names on transcripts: \_\_\_\_\_

Gender: Male  Female  Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Birth Place: \_\_\_\_\_ City, State/Country Citizenship: \_\_\_\_\_ Country

**\*\*Please indicate which address should be used for mailings related to this application process:**  
**Current Address**  **Permanent Address**

Current Address:  
 \_\_\_\_\_  
 Street, Apt#  
 \_\_\_\_\_  
 City, State/Country, Mail/Zip Code

Permanent Address (if different from Current Address):  
 \_\_\_\_\_  
 Street, Apt#  
 \_\_\_\_\_  
 City, State/Country, Mail/Zip Code

**\*\*Preferred contact telephone number: Home**  **Cell**

Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
Area Code Phone Area Code Phone

Email address: \_\_\_\_\_

**Education:** Submit one official transcript from the dental school you attended. The transcript of all dental education should be in the original language accompanied by a certified English translation.

Institution	Location City, State	Attended		Degree or Diploma	
		From Mo/Yr	To Mo/Yr	Received Mo/Yr	Expected Mo/Yr

**Certification of Dental Degree:** A diploma from a recognized dental school in the original language accompanied by a certified English translation is required.

**Optional Curriculum Vitae (CV):** A CV may be included that lists any of the following:

- Significant activities during dental school, academic honors, awards
- Professional work history, professional memberships
- Research and/or professional publications
- Community service
- Presentations at professional meetings, courses, or conferences

**Letters of recommendation:** Three letters are required and should include an assessment of the applicant's dental background, knowledge, character, and clinical skills as well as potential for success in an advanced dental education program. Submit letters with this application, if possible. Please list the individuals providing letters.

Name	Title	Institution/Affiliation
1.		
2.		
3.		

**Essays:** One essay that describes the following is required:

- 1) the applicant's dental experiences including significant experiences during dental school
- 2) future professional plans and goals
- 3) why the Dental Postgraduate Program in Prosthodontics is of interest and value to the applicant

Your essay should be concise, well written and original. It should be typewritten with 1-inch margins, size 12 font, and be no more than two pages total in length.

**English Language Proficiency:** If your dental school instruction was NOT in English, you must provide documentation of English language proficiency by submitting TOEFL scores. A minimum TOEFL iBT (internet-based test) of 84 is required. Please submit a notarized copy of your official TOEFL score report with this application. At this time, please do not submit scores electronically to the University of Michigan.

I certify that I have read all of the instructions and that I have answered all of the questions completely and truthfully. I understand that misrepresentation of any portion of this application, including supporting credentials and documents, may be cause for canceling my admission, I also understand that all credentials and documents that I submit become property of The University of Michigan.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applications and supporting documents should be sent electronically via e-mail, preferably in PDF format (a separate PDF file for each document), to:

Kerry Boyd: [boydkj@umich.edu](mailto:boydkj@umich.edu)

For further information please contact the program director:

Berna Saglik, DDS, MS, Clinical Assoc Prof

Telephone: 734-615-5019

Fax: 734-763-3453

Email: [bernats@umich.edu](mailto:bernats@umich.edu)

Website: <https://dent.umich.edu/education/prosthodontics-graduate-program-non-degree>