APPLICATION FOR ADMISSION
The University of Michigan
School of Dentistry
Postgraduate Non-degree Program
Office of Continuing Dental Education
1011 N. University Avenue – Room 1204
Ann Arbor, Michigan 48109-1078 USA

PLEASE PRINT

1. Full Name _____
   Last/Family Name/Surname First/Given Middle

2. Do you have a U.S. Social Security Number _____ No _____ Yes _____
   U.S. Social Security Number

3. Permanent Address

   _____
   Address Line 1

   _____
   Address Line 2

   _____
   City, State Country, Mail/Zip Code

   Telephone _____ _____
   Day (Area Code/Number) Night (Area Code/Number)

4. Mailing Address, if different Valid until _____

   _____
   Address Line 1

   _____
   Address Line 2

   _____
   City, State Country, Mail/Zip Code

   Telephone _____ _____
   Day (Area Code/Number) Night (Area Code/Number)

5. Sex _____ Male _____ Female 6. Country of Citizenship _____

7. Birth Date _____/_____/_____ 8. Birthplace _____
   Month Day Year City/Country

9. Department/Area of Interest _____

10. Term of proposed enrollment (check one)
    ☐ Fall 2001 ☐ Fall 2002 ☐ Fall 2003

11. Education: First, list all institutions from which you have or will receive a degree. This information must appear below. Next, list all other institutions attended. You must submit official credentials and translations listed below. Do not translate degree names (Note: Your application will not be reviewed until the credentials are received.)

Institution	Location - list City, State & Country	From Month/ Year	From Month/ Year	Name of Degree Received	Date Degree was Received

12. Visa Status:

Applicants currently **outside** the USA

a. What type of visa do you plan to obtain hold?
_____ F-1 Student
_____ J-1 Exchange Visitor
_____ Other (specify type) _____

b. If you are applying for the J-1 visa, do you wish The University of Michigan Michigan?
_____ Yes _____ No

c. If no, write the name of the agency
_____
_____
_____
_____
_____

Applicants currently **in** the USA

a. What type of visa do you currently

_____ F-1 Student
INS Admission No. _____
_____ J-1 Exchange Visitor
_____ Other (specify type) _____

b. Do you intend to hold the same type of visa while studying at The University of

to issue the IAP-66 Certificate?
_____ Yes _____ No

c. If no, indicate the status you intend to hold.
_____ F-1 Student
_____ J-1 Exchange Visitor
_____ Permanent Resident Alien Reg. No.
_____
_____ Other (specify type) _____

13. Number of dependents (spouse and/or children) you intend to bring to the USA and support during your studies. Please give requested information for each dependent below.

Name	Relationship	City and Country of Birth	Birthdate

14. Persons submitting letters of recommendation. Ask recommenders to use your full name as it appears on your application.

15. What is your native language? _____

If your native language is not English, it will be necessary for you to take either the MELAB (Michigan English Language Assessment Battery) or the TOEFL (Test of English as a Foreign Language). Indicate which you plan to take or have taken.

_____ TOEFL on (give date) _____ If known, list total score _____.
_____ MELAB on (give date) _____ If known, list total score _____.

Give the date that you took it or plan to take it _____

Please remember to include the test scores with your application or have them sent to the School of Dentistry.

16. Indicate your foreign language proficiency below.

Language _____ Years of study in high school _____ Terms of study in college 1 2 3 4 5 +

17. Confidential Statement of Finances

Source of Funds	One-year Program	Total Amount
Personal Savings*		
Parental Support*		
Other Sources*		
Yearly Totals		

* All personal and parental funds listed above must be documented by bank statements (not older than three months) and letters of support. ***PLEASE NOTE:*** photostatic copies are NOT acceptable.

18. Statement of Purpose

Outline your reasons for enrolling in the Postgraduate Non-degree Program. Include your professional and research interests, as well as your career expectations and what you expect to gain from this program. You may type your Statement of Purpose on a separate sheet. Remember to sign your name and attach it to your application.

_____

_____

_____

_____

_____

_____

19. How did you hear about our program? Please give details, where and when.

_____

_____

_____

I hereby 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 cancellation of my admission. I also understand that all credentials and documents that I submit become property of the School of Dentistry.

Signature _____ Date _____