



GRADUATE ORTHODONTICS SUPPLEMENTAL APPLICATION

Name: _____

Present Address: _____

Permanent Address: _____

Email: _____ Phone: _____

Are you legally authorized to work in the United States? Yes No

Will you now, or in the future, require sponsorship for employment or student visa status? * Yes No

*Note: Holders of certain types of visas are not eligible for this residency program. Orthodontic residents are considered post graduate students in the university. In addition to meeting the requirements listed on the Admissions page of our website, you must identify as one of the following: 1) a citizen of the U.S., or 2) a permanent resident of the U.S. (possess a green card), or 3) a full-time student in possession of a valid student visa.

Are you qualified to engage in the active practice of Dentistry with or without a reasonable accommodation? Yes No

EDUCATION AND TRAINING

College: _____

Dates Attended: _____ Year Graduated: _____ Degree: _____

Dental College: _____

Dates Attended: _____ Year Graduated: _____ Degree: _____

Dental License

State: _____ Number: _____ Date: _____

CONFIDENTIAL INFORMATION

A license to practice dentistry can be refused or suspended because of criminal conviction. Have you ever been convicted of a felony or misdemeanor? Yes No

Honors Received: _____

Research Experience: _____

Extracurricular Activities: _____

Publications: _____

PROFESSIONAL ACTIVITIES

Private practice experience (if any): _____

Employment since Graduation (if any): _____

INSTRUCTIONS

- Complete the application
- Attach a photograph on the front page
- Enclose application fee of \$20 (cashier's check or money order made payable to "Southern Illinois University Edwardsville")
- Mail all documents to:
Valerie Donahue
SIU School of Dental Medicine
2800 College Ave., Bldg. 286
Alton, IL 62002

CERTIFICATION

I understand that withholding information requested on this application or giving false information will cause me to be ineligible for admission or subject to dismissal. With this in mind, I certify that the forgoing statements are correct and complete.

I further certify that if accepted for admission, I shall comply with the rules of Southern Illinois University School of Dental Medicine and the University.

Applicant's Signature: _____

Date: _____ DENTPIN #: _____