

**Oral and Maxillofacial
Pathology Residency
Application**

Name (Last, First, MI, Maiden): _____

Sex: _____ Gender: _____ Date of birth: _____

Current address: _____

Permanent address (if different): _____

Country: _____ Phone number: _____

Email address: _____

Citizenship: _____

Race/ethnicity: _____

Are you a member of the military or U.S. veteran? _____

For the following questions, please answer **yes** or **no**. For any yes answer, please attach any relevant information or documentation.

1. Have you ever been disciplined for student conduct violations (e.g. academic probation, dismissal, suspension, disqualification, etc.) by any college or school? _____

2. Have you ever been disciplined for academic performance (e.g. academic probation, dismissal, suspension, disqualification, etc.) by any college or school? _____

3. Have you ever been convicted of a felony? _____

4. Have you ever had any certification, registration, license or clinical privileges revoked, suspended or in any way restricted by an institution, state or locality? _____

5. Have you ever been convicted of a misdemeanor? _____

1. Please list the test date and result of the National Board Dental Examinations (NBDE) Part 1. Include average score if applicable.

2. Please let the list the test date and result of the NBDE Part 2. Include average score if applicable.

College attended: _____

Start date: _____ End date: _____

Major: _____ Minor: _____

Degree awarded: _____

College attended: _____

Start date: _____ End date: _____

Major: _____ Minor: _____

Degree awarded: _____

Professional school attended: _____

Start date: _____ End date: _____

Major: _____ Minor: _____

Degree awarded: _____

Professional school attended: _____

Start date: _____ End date: _____

Major: _____ Minor: _____

Degree awarded: _____

Application checklist

Send each of the following documents to:

UTHealth School of Dentistry
Oral & Maxillofacial Pathology Program
c/o Dr. Nadarajah Vigneswaran, Interim Director
7500 Cambridge St., Suite 5357
Houston, Texas 77054

- ◆ Completed application form
- ◆ Official college and professional school transcripts sent directly to Registrar (address below)
 - Dental school transcript to include GPA, class size, and class rank as applicable
 - Applicants who have attended college and professional school outside of the United States will need to have their credentials evaluated by either World Educational Services (WES) or Educational Credential Evaluators (ECE)
- ◆ Three letters of recommendation (sealed)
- ◆ Curriculum vitae
- ◆ One- to two-page personal statement
- ◆ TOEFL scores (for non-English speaking applicants)

Send transcripts to:

UTHealth
Office of the Registrar
PO Box 20036
Houston, TX 77225-0036