

CASE WESTERN RESERVE UNIVERSITY
SCHOOL OF DENTAL MEDICINE

Fellowship in Dentistry Programs
APPLICATION FOR ADMISSION

INSTRUCTIONS FOR COMPLETING APPLICATION:

Please print or type all information requested. Mark with N/A those questions that are not applicable. Attach additional sheets as necessary. The following must be received on or before the date stipulated by the Department in which you wish to enroll:

- ✓ The completed application
- ✓ Official transcripts of your professional school records.
- ✓ Three recommendations from basic science and clinical dentistry instructors or other individuals competent to evaluate your qualifications and abilities. (Please use the forms enclosed with this application.)
- ✓ A current curriculum vitae
- ✓ Photo (*optional at this time – if you are invited for an interview you must bring a 2 x 2 photo with you*)
- ✓ Non-refundable application fee of \$50.00
- ✓ **For International Applicants:** an official TOEFL score must be also be submitted (information on TOEFL can be obtained at www.toefl.org)

If you have questions regarding your application or need specific information you may telephone (216) 368-6731 or email dentalgrad@cwru.edu.

Mail completed application and application fee, and have recommendations, test scores, and transcripts sent to:

Case School of Dental Medicine
Office of Graduate Studies
10900 Euclid Avenue
Cleveland, OH 44106-4905 USA

CASE WESTERN RESERVE UNIVERSITY
SCHOOL OF DENTAL MEDICINE

Fellowship in Dentistry
APPLICATION FOR ADMISSION

I am applying for admission to the Department of _____ for enrollment in the program beginning in _____.

Place of birth _____ Date of birth *(optional)* _____.

Name: _____
(last or family) *(first)* *(middle)*

Present mailing address *(street and number)* _____

(city) _____ *(state)* _____ *(zip or postal code)* _____

(country if not US) _____ This address is valid until _____.

Home phone number _____ Other phone number(s) _____

Email address _____

Are you available for a personal interview? yes no

Colleges or Universities attended:

Graduate or Professional Schools	Major Field	Degree (received or expected)	Dates Attended	Class Standing (rank and class size)	GPA

Do you feel that your GPA reflects reasonably accurately your true ability and potential?
 ___ yes ___ no If no, please explain: _____

Are you interested in a possible career in academic dentistry?

yes, full-time yes, part-time no

Describe the general condition of your health _____

If you are not a U.S. citizen

- Country of citizenship _____
 - Indicate type of visa (*student, visitor, immigrant, other*) _____
 - Have you taken TOEFL (*Test of English as a Foreign Language*)?
 yes no Score _____ Computer –based _____ Paper-based _____
 - Please describe your anticipated financial support during your period of graduate study: _____
-
-

On *(date)* _____ I requested that transcripts of all my previous work be sent to you.

You might receive my transcripts under the name: _____
Name in full

Have you been accepted at another institution? yes no

On *(date)* _____ I requested these individuals to send letters of recommendation:

Name _____ *Address* _____

Name _____ *Address* _____

Name _____ *Address* _____

I have also applied for admission to the graduate program of the following institutions:

Previous Fellowships or Scholarships you have held

<i>School</i>	<i>Year</i>	<i>Amount</i>
---------------	-------------	---------------

<i>School</i>	<i>Year</i>	<i>Amount</i>
---------------	-------------	---------------

<i>School</i>	<i>Year</i>	<i>Amount</i>
---------------	-------------	---------------

Describe any teaching experience you have had:

Describe briefly any research experience you have had:

What organizational membership(s) do you hold?

Scholastic and professional awards, honors, distinctions, or prizes received:

Military service _____

Have you served an internship or residency? ____ yes ____ no If yes, indicate the place, time, type, and name of supervisor

I am licensed to practice dentistry in the following states

Private practice experience (location, type, full or part-time, dates)

Titles of articles and publications

In the space below, please discuss your educational goals, reasons for undertaking graduate study, and your career objectives. (Add separate pages if more space is needed)

OFFICE OF GRADUATE STUDIES
SCHOOL OF DENTAL MEDICINE
CASE WESTERN RESERVE UNIVERSITY
10900 EUCLID AVENUE
CLEVELAND, OHIO 44106-4905

**EVALUATION OF APPLICATION FOR ADMISSION TO A FELLOWSHIP IN DENTISTRY AT THE
CASE WESTERN RESERVE UNIVERSITY SCHOOL OF DENTAL MEDICINE.**

Applicant: Please fill in the information below and give to the appropriate person along with a stamped envelope addressed to the address above.

Mr./Ms./Dr. _____ is applying for admission to the Department of
_____ entering in _____.

Authorization for Waiver:

I hereby do ___ do not ___ agree to waive my rights of access to this recommendation as provided in the Family Education Rights and Privacy Act of 1974.

Date

Signature of Applicant

Respondent: Your evaluation is important. Please fill out this evaluation form and return to us as soon as possible. If the applicant has waived their right to access, the contents of this evaluation will not be disclosed to the applicant.

Knowledge of the Applicant:

How long have you known the applicant? _____ years

How well do you know the applicant? Very well ___ Well ___ Casually ___

What is the nature of your contact? Teacher ___ Research Advisor ___ Faculty Advisor ___ Private Practice ___
Personal friend ___ Other (specify) _____

If teacher: _____
Number of classes, subjects taught and rank in your class

Evaluation of the Applicant:

Please respond to the following using other students and former graduates as a base of reference. How do you rate the applicant in the following areas? (5 is the highest)

Academic dental knowledge	1	2	3	4	5
Clinical knowledge and skills	1	2	3	4	5
Confidence in knowledge and skill	1	2	3	4	5
Capacity for handling large work load	1	2	3	4	5

(over)

Potential for independent creative study	1	2	3	4	5
Originality and imagination	1	2	3	4	5
Promptness of work	1	2	3	4	5
Integrity, sincerity, and honesty	1	2	3	4	5
Dependability and responsibility	1	2	3	4	5
Persistence, drive and enthusiasm	1	2	3	4	5
Organization and common sense	1	2	3	4	5
Friendliness and personality	1	2	3	4	5
Emotional maturity and stability	1	2	3	4	5
Initiative and leadership	1	2	3	4	5
General health	1	2	3	4	5

Gifted individuals sometimes make mediocre scholastic records. Does your evaluation on this form coincide with the applicant's scholastic record in all subjects? Yes _____ No, why?

Would you accept the applicant for a similar program at your school should one exist and you were able to make the selection? Yes _____ No, why?

What is your understanding of the applicant's motivation in seeking admission to this program?

Indicate your overall endorsement of the applicant as a candidate for advanced studies

Highly recommend ___ Recommend ___ Recommend with reservations ___ Do not recommend _____

Please add any comments in this space provided (attach a separate sheet if you need more space) which will assist in providing a complete picture of the applicant's abilities and potential as a scholar. Please mention any deficiencies the applicant may have, as well as the assets.

Name of Respondent _____ Date _____

Position _____ Institution _____

Address _____

Phone number _____ Signature _____

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Name of Respondent _____ Date _____

Position _____ Institution _____

Address _____

Phone number _____ Signature _____

Programs at a Glance

Program	Application Deadline	To apply, must I use:		How much is the:		May I apply If I am:	
		PASS?	MATCH?	Tuition per year?	Stipend per year?	Foreign Trained?	a Foreign Citizen?
Orthodontics	September 1	Yes	Yes	Years 1 & 2: \$39,400 Final Semester: \$1,495	None	Yes	Yes
Periodontics	Rolling Admission: July 1 - October 1	No	No	Years 1 & 2: \$39,400 Year 3: \$2,990	None	Yes	Yes
Endodontics	September 1	No	No	\$39,400	None	Yes	Yes
Oral & Maxillofacial Surgery	September 1	Yes	Yes	Year 2: \$37,944 Years 4 & 5: \$2,990	\$43,733 <i>None in Year 2</i>	No	No
Pediatric Dentistry	November 15	Yes	Yes	\$2,990*	\$43,733	No	No
AEGD	November 15	Yes	No	None	\$43,733	No	Yes
Fellowships	December 15	No	No	\$17,508	None	Yes	Yes

* - In Pediatrics, tuition is \$39,400 per year if the student is pursuing an MSD.

Tuition and fees are subject to change. Please note the following additional fees:

- Health Fee per semester: \$620 (required for full-time students, unless you can show proof you are covered under or are paying for your own insurance plan)
- Technology Fee per semester: \$213
- Application Fee: \$50 (one time)
- SEVIS Fee: \$100 (one time, for foreign citizens only)
- Instruments and books (this varies with the department)

Actual expenses may be offset by stipends offered in some programs of study.

INTERNATIONAL STUDENT INFORMATION

A letter of "proof of support" must be submitted when a student is accepted into a program. There is no financial aid given to international students enrolled in the endodontics, orthodontics or periodontics programs. Applicants must establish that they have available financial resources sufficient to complete the program uninterrupted. All on-campus work-study employment for international students must be cleared by the individual program director and the University Office of International Students.

Applicants graduated from a non-English speaking dental school, and for whom English is not their first language, must take the TOEFL (Test of English as a Foreign Language) with a minimum score of 550 (paper-based score) or 213 (computer-based score). An official or certified copy of your scores must be sent to our office at the following address:

Office of Graduate Studies
Case School of Dental Medicine
10900 Euclid Avenue
Cleveland, OH 44106-4905 USA

Generally the TOEFL is administered five times during the year in September, December, February, April, and June. If you plan to take TOEFL and do not have information on a location for your country, you can visit the TOEFL web site at: <http://www.toefl.org>.

The TOEFL identification number for Case Western Reserve University is: 1105
The departmental code number is: 38

Please provide a copy of your CV including the following information. Or type the requested information on the enclosed form.

CURRICULUM VITAE

Name

Address (Professional)
City, State Zip (Country)
Phone Number

Home Address
City, State Zip (Country)
Phone Number

EDUCATION

Institution	Degree	Year	Major Subject
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EMPLOYMENT AND/OR ACADEMIC APPOINTMENTS

Employer/Institution	Dates: Start/End
Position/Duties	

SCHOLARSHIPS, HONORS, AWARDS

MILITARY SERVICE

STATE DENTAL LICENSURE

State	Year Licensed	License number
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PROFESSIONAL AND SCIENTIFIC ORGANIZATIONS

Society	Initial year of membership	Office Held
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PROFESSIONAL ACTIVITIES (table clinics, etc)

Meeting or Event	Year	Topic
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PROFESSIONAL AND SCIENTIFIC PUBLICATIONS