

**UNMC College of Dentistry**  
**Application for Admission in Postgraduate Studies**

This is an application to Postgraduate Training in: \_\_\_\_\_ Anticipated starting date \_\_\_\_\_, 20\_\_\_\_

Endodontics	General Practice Residency	Orthodontics
Pediatric Dentistry	Periodontics	Prosthodontics

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

Current Address \_\_\_\_\_  
Number & Street City State Zip code

Permanent Address \_\_\_\_\_  
Number & Street City State Zip code

Date of Birth\* \_\_\_\_\_ Place of Birth \_\_\_\_\_

Male\* \_\_\_ Female\* \_\_\_ Single\* \_\_\_ Married\* \_\_\_ Divorced\* \_\_\_ Former Names \_\_\_\_\_  
(If appear on records)

High School Attended \_\_\_\_\_ Date of Graduation \_\_\_\_\_  
School Name City State

Have you applied to other UNMC programs? \_\_\_ If yes, what year \_\_\_ Program \_\_\_\_\_

List in chronological order ALL college and professional schools attended including all campuses of The University of Nebraska.

Name and Location	Dates Attended	Degree	Graduation Date

Record of significant employment (including present position):

Employer	Nature of Position	Dates Held	Location

Dental Licensure	State or Region	Date

Do you claim to be a resident of Nebraska? Yes \_\_\_ No \_\_\_ If no, state of legal residence \_\_\_\_\_

If yes, date you began living in Nebraska \_\_\_\_\_ County of legal residence \_\_\_\_\_

Do you have a Nebraska driver's license? Yes \_\_\_ No \_\_\_

Are you registered to vote in Nebraska? Yes \_\_\_ No \_\_\_

*Note: You may be required to verify your Nebraska residency by filing an application with the UNMC Office of Academic Records and showing proof of above items.*

Have you served in the U.S. Armed Forces? Yes \_\_\_ No \_\_\_ Date of Discharge \_\_\_\_\_

**Answer only if you are NOT a United States Citizen**

Country of Citizenship \_\_\_\_\_

Classification: F-1 Visa \_\_\_ J-1 Visa \_\_\_ Immigrant \_\_\_ Other \_\_\_

Will a non-immigrant Visa/transfer be necessary for your program here? Preference: F-1 Visa \_\_\_ J-1 Visa \_\_\_ Other \_\_\_

Do you have adequate fund to finance your training program? Yes \_\_\_ No \_\_\_

Arrival date in U.S. \_\_\_\_\_ Permanent residents, list Alien Card Number (Form I-151) \_\_\_\_\_

List date on which you will or did take: TOEFL \_\_\_\_\_ GRE \_\_\_\_\_

List names and address of references. (Three required)


- The furnishing of this information is optional with the applicant and is not a requirement for admission. Data is used by the U.S. Department of Health and Human Services for statistical purposes.

Date of application \_\_\_\_\_

Signature \_\_\_\_\_

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