

DALHOUSIE
UNIVERSITY

FACULTY OF DENTISTRY

- ## Start Date & Personal Details

When do you wish to start? Year

Y Y Y Y

- Gender: ☐ Male ☐ Female ☐ Other Date of Birth:

| D | D | M | M | Y | Y | Y | Y

☐ Canadian Citizen ☐ Permanent Resident (Landed Immigrant)

- ☐
- Study Permit (International Students)
- ☐
- Other (Specify) _____

D D M M Y Y Y Y

Country of Citizenship (if not Canadian)

Full Legal Name

Last Name (Surname/Family Name)

Previous Surname (if applicable)

First Name

Middle Name

Preferred Name

Street Address/PO Box/Rural Route/Lot #

City

Province/State

Postal Code/Zip

Country

Province of Permanent Residence

Telephone

Cell Phone

E-mail

Program Selection/Field of Study

For which degree are you applying:

☐ Masters ☐ PhD ☐ Visiting Student Graduate Studies ☐ Special Student Graduate Studies ☐ Qualifying Graduate Student (QGS)

☐ Graduate Certificate in Medical Physics

Visiting Research Students: please use the application form at: dal.ca/vsgs

Department _____

Subject _____

Will you be studying: ☐ Full-time study ☐ Part-time study (Please note PhD programs are full-time study only).

Are you applying to more than one program? ☐ Yes ☐ No If yes, what programs? A separate application is required for each program:

- ▶ You are required to submit **one official copy** of all transcripts from each university or college attended.
- ▶ Official transcripts must be provided in a sealed envelope. They may be received directly from the issuing institution to your department.
- ▶ It is the applicant's responsibility to ensure that all transcripts are sent.

Academic History (College/University)

List all colleges and/or universities you have attended or are currently attending.

Official Transcripts of all previous college and university studies are required. Transcripts for Dalhousie University, University of King's College and the former TUNS are not required as they are already on file.

Have you ever applied to, attended or worked for Dalhousie University, University of King's College or the former TUNS?

☐ Yes ☐ No

If yes, please provide your ID #

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Institution	Province (Country, if outside Canada)	From	To	Degree/Diploma Awarded & Date
		MM/YYYY	MM/YYYY	
		MM/YYYY	MM/YYYY	
		MM/YYYY	MM/YYYY	

Have you ever been required to withdraw from any post-secondary institution for academic reasons? ☐ Yes ☐ No

If yes, which Institution _____ Date

D	D	M	M	Y	Y	Y	Y
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Reason _____

- ▶ **Confidential Reference Letters**
At least two supporting Confidential Reference Letters are required. Please contact the department to determine if additional references are required.
- ▶ Ask your referees to place their references in a sealed envelope, endorse it across the back seal, and return to you. **Do not open the envelope.** Alternatively referees can mail the envelopes directly to the department to which you are applying.

References

Name and address of at least two academic referees.

Name: _____

Name: _____

Address: _____

Address: _____

Name: _____

Name: _____

Address: _____

Address: _____

English Language Proficiency

- ▶ Students who have graduated from an English language institution **may not** be required to submit proof of English language proficiency. **Please check with your department.**
- ▶ When **proof of English language proficiency** is necessary, a minimum TOEFL score of 92 (iBT) or IELTS score of 7 is required for admission. Please note, some departments require higher test scores.
- ▶ For a list of accepted test scores visit **dal.ca/grad**.
- ▶ Official Test results should be forwarded to the department to which you have applied.

Is English your first language? ☐ Yes ☐ No

If No, proof of English language proficiency is normally required.

Agent Representation (international students)

Do you have an education or international agent representing you? ☐ Yes ☐ No

If so, please name the individual and/or agency.

Payment

Indicate your method of payment for the non-refundable application fee. The **\$70 application fee** must be received before your application can be processed or reviewed.

☐ Cheque / Money Order (made payable to Dalhousie University)

Credit Card: ☐ Visa ☐ Mastercard ☐ American Express

Card Number

Expiration Date

Name of cardholder (as it appears on the card)

Signature of cardholder

Self-Identification Questionnaire (Optional)

Dalhousie University is committed to encouraging diversity and to providing services that meet the needs of the University's diverse student population. Completion of the section on self-identification is voluntary.

Self-Identify with Consent: There may be **scholarships** and **affirmative action policies** in some programs that may be available to those who self-identify with consent in this section. Dalhousie has numerous support services available to students who are Aboriginal, Black/of African descent or who have disabilities, including financial aid. If you select to self-identify with consent the University may forward additional information on these support services.

Self-Identify without Consent: There is also the option to self-identify without consent. This means any data produced from the information will not be linked to you without your prior written authorization. This information will be used by the University to assist in assessing and improving services for students who are Aboriginal, Black/persons of African descent or persons with a disability.

For the purposes of the following, 'Aboriginal peoples' include individuals who are status, non-status, Métis or Inuit.

Dentistry Applicants - see the Affirmative Action Policy in the Faculty of Dentistry Calendar.

Aboriginal	With consent	<input type="checkbox"/>
Aboriginal	Without consent	<input type="checkbox"/>
Black/African descent	With consent	<input type="checkbox"/>
Black/African descent	Without consent	<input type="checkbox"/>
Both Aboriginal and Black/African descent	With consent	<input type="checkbox"/>
Both Aboriginal and Black/African descent	Without consent	<input type="checkbox"/>
Person with a disability	With consent	<input type="checkbox"/>
Person with a disability	Without consent	<input type="checkbox"/>

Declaration (Required)

I hereby certify that all of the above information provided in this application is complete and correct, and I authorize Dalhousie University to verify any information provided as part of this application. I understand that withholding information or falsification of information in this application or supporting documents may be considered grounds for non-admission or, after admission, grounds for dismissal. I agree that details concerning my application, enrolment or any falsification of information may be provided to other institutions including the Association of Registrars of the Universities and Colleges of Canada, in accordance with the Freedom of Information and Protection of Privacy Act. I agree to follow and be bound by the provisions of the Calendar, and the regulations of the University, including any revisions, deletions or additions made to them in the future. If admitted, I agree to pay all fees associated with my registration and enrolment at the University.

Signature

Date



**DALHOUSIE
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FACULTY OF DENTISTRY

Forward your completed application form and application fee, as well as other supporting documents (e.g. transcripts, references) prior to the deadline to:

Dr. Evan Shaw | Dental Department | IWK Health Centre | PO Box 9700 | 5850/5980 University Avenue | Halifax, NS B3K 6R8

All submitted documents become the property of Dalhousie University and will not be returned.

Your application must be complete to be processed and a decision made.

Possession of minimum requirements does not guarantee admission.

Acceptance to some programs is limited due to the number of spaces available.

For information regarding your application, contact evan.shaw@iwk.nshealth.ca.