

The University of Oklahoma
Graduate Orthodontic Admissions
SUPPLEMENTAL APPLICATION FORM

Attach
Photo
Here
(optional)

Name: _____
Last First Middle

Day Telephone No.: () _____

Home Telephone No.: () _____

Match Code: _____

Fax Telephone No.: () _____

E-mail Address: _____

If you need additional space, please include supplemental pages. You may also include your Curriculum Vitae (CV) and/or a Personal Statement.

1. **National Board Examination**

Part I: Average Score _____ Year Completed _____

Part II: Average Score _____ Year Completed _____

2. **State or Regional Board Examination**

Exam: _____ Year Completed _____ Active?

Exam: _____ Year Completed _____ Active?

3. **Cumulative Grade Point Averages** *(appropriate official documentation needed)*

College _____ GPA _____ Year Completed _____

College _____ GPA _____ Year Completed _____

Dental School _____ GPA _____ Year Completed _____

4. **Dental School Class Rank** *(appropriate official documentation needed)*

Number of persons in graduating class _____ Your cumulative class rank _____

5. **Academic or Professional Awards or Honors**

Award/Honor

Year Received

6. **List Any Professional Societies Of Which You Are A Member**

Society

Year Inducted

7. **List Any Professional Presentations You Have Given**
Society/Group *Year Presented*

8. **List Any Publications You Have Authored** (*Title, Journal, Year*)

9. **List Your Research or Scientific Interests**

10. **What are your goals beyond Orthodontics?**

11. **List Three (3) Professional References, at Least One (1) From a Former Professor.**

a. _____

b. _____

c. _____

In addition to this form, please send (or have sent) three (3) letters of reference to:

Graduate Orthodontics Admissions
Department of Orthodontics
OUHSC College of Dentistry
P.O. Box 26901
Oklahoma City, Oklahoma 73190-3044