



OU GRADUATE ORTHODONTICS
SUPPLEMENTAL APPLICATION FORM – 2025 ADMISSIONS
 MAY 15, 2025 – SEPTEMBER 1, 2025

Name: _____

Last *First* *Middle*

Have you applied to OU's Graduate Orthodontics Program Before? Y ☐ N ☐ When? _____

Cell Phone: _____ Match Code: _____
 Student ID Number* _____ Email Address: _____
 *(From OU Admissions Application) Alternate Email: _____

1. National Board Examination

NBDE Part 1	P <input type="checkbox"/> F <input type="checkbox"/>	Year Taken: _____
NBDE Part 2	P <input type="checkbox"/> F <input type="checkbox"/>	Year Taken: _____
INDBE: (integrated)	P <input type="checkbox"/> F <input type="checkbox"/>	Year Taken (or Date Scheduled): _____

2. Regional or State Board Examination

Title of Exam	_____	Year Completed: _____	Active?	<input type="checkbox"/>
Title of Exam	_____	Year Completed: _____	Active?	<input type="checkbox"/>

3. Cumulative Grade Point Averages (*Appropriate official documentation required*).

Undergraduate/Graduate College/University	Class of	CUM GPA	Degree Rec
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Dental School or College	Class of	CUM GPA	Degree Rec	Class Rank	Class Size
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TOEFL Score *(International Applicant Only)*

4. Academic/Professional Awards/Honors/Distinctions

<u>Name(s)</u>	<u>Year Received</u>
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5. Professional Societies (Local, State, Regional, and/or National)

[illegible]

For Office Use Only

6. Professional Presentations

Name(s)

Year Presented

7. Scientific Interests and/or Research

8. Authored Publications

Title

Journal

Year

9. Professional Goals Beyond Orthodontics

10. Personal Goals Beyond Orthodontics

11. List three references with contact information, with at least one from a former professor.

Name	Phone Number	Relation to Applicant

12. List the names and titles of those sending letters of recommendation on your behalf, including the Dean's Letter. References from item 10 above may also be listed here.

Name

Title
