



**OU GRADUATE ORTHODONTICS**

**SUPPLEMENTAL APPLICATION FORM – 2024 ADMISSIONS**

MAY 1, 2023 – AUGUST 31, 2023

Name: \_\_\_\_\_  
Last First Middle

Have you applied to OU's Graduate Orthodontics Program Before? Y  N  When? \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Match Code: \_\_\_\_\_  
Student ID Number\* \_\_\_\_\_ Email Address: \_\_\_\_\_  
\*(From OU Admissions Application) Personal Email: \_\_\_\_\_

**1. National Board Examination**

NBDE Part 1 Score: \_\_\_\_\_ Year Taken: \_\_\_\_\_  
NBDE Part 2 Score: \_\_\_\_\_ Year Taken: \_\_\_\_\_  
INDBE: (integrated) \_\_\_\_\_ Year Taken (or Date Scheduled): \_\_\_\_\_

**2. Regional or State Board Examination**

Title of Exam \_\_\_\_\_ Year Completed: \_\_\_\_\_ Active?   
Title of Exam \_\_\_\_\_ Year Completed: \_\_\_\_\_ Active?

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

Undergraduate/Graduate College/University	Class of	CUM GPA	Degree Rec		
_____	_____	_____	_____		
_____	_____	_____	_____		

  

Dental School or College	Class of	CUM GPA	Degree Rec	Class Rank	Class Size
_____	_____	_____	_____		
_____	_____	_____	_____		

TOEFL Score (International Applicant Only) \_\_\_\_\_

**4. Academic/Professional Awards/Honors/Distinctions**

Name(s) \_\_\_\_\_ Year Received \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Professional Societies (Local, State, Regional, and/or National)**

Name(s) \_\_\_\_\_ Year Inducted \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Professional Presentations**

Name(s)

Year Presented

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**7. Scientific Interests and/or Research**

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**8. Authored Publications**

Title

Journal

Year

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**9. Goals Beyond Orthodontics**

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

a.

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b.

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c.

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

Name

Title

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