

Type or print all answers clearly in black ink. If additional space is required, attach a separate sheet and refer to the question by number.

1. Enrollment to Begin: ☐ Fall Year _____
2. Program: ☐ Master of Science in Dentistry (MSD) ☐ Master of Dental Science (MDS)
3. Name _____
Last First Middle
4. Current Address _____
Street City State Zip
- Phone _____ If NJ resident, how long _____ Country _____
5. Permanent legal address _____
(If different from above) Street City State Zip
- Phone _____ If NJ resident, how long _____ Country _____
- E-mail Address _____ Citizenship _____
6. For foreign nationals in the United States: Visa (Type) _____ ☐ Permanent Resident
- When did you arrive in the United States? Month _____ Year _____

7. Responses to these questions are voluntary and will be kept confidential. Declining to furnish this information WILL NOT adversely affect the status of the application.

Date of Birth _____ MM/DD/YYYY

Sex: ☐ Male ☐ Female

☐ American Indian/Alaskan Native

☐ Mexican

☐ Asian/Pacific Islander/Indian Subcontinent

☐ Puerto Rican: ☐ Mainland ☐ Commonwealth

☐ Black (Non-Hispanic)

☐ Hispanic: _____

☐ White (Non-Hispanic)

☐ Other: _____

8. List chronologically all educational institutions attended since high school, including the institution you currently attend.

institution	Location	Attended		Degree Sought	Date Expected or Received
		From	To		

9. Indicate scores on the Graduate Record Examination – GRE (If required)

Verbal _____ (_____ %) Quantitative _____ (_____ %) Analytical _____ (_____ %) Date of Exam _____

Subject: Name _____ Score _____ Date of Exam _____

If you have not taken the GRE, when do you plan to do so? _____

9a. TOEFL scores (required for all foreign applicants): _____ 9b. GPA: Undergraduate _____ Graduate _____

10. List scientific publications, academic awards, prizes, memberships, in honorary or professional societies.

11. List current occupation and major employment or activities since college graduation.

12. Military Service From _____ To _____ Branch _____

I have read and understand the attached statement of Essential Functions/Technical Standards, which all students must satisfy, with or without reasonable accommodations, for the course of study for which I am applying. I acknowledge that the Master's Program has established these requirements for successful academic progress toward the degree sought. I understand and agree that any misrepresentation in this application will be sufficient cause for rejection of the application, or dismissal if I have been admitted to the Master's Program.

Were you ever subject to any disciplinary action by any college, university, or professional school for unacceptable academic performance (academic probation, suspension, dismissal) or conduct violations? **(please circle answer) Yes or No.** If yes, please explain

Have you ever been subject to disciplinary action by any professional licensing board? **(please circle answer) Yes or No.** If yes, please explain.

Have you ever been charged with or have you ever been convicted of a felony or misdemeanor, other than a minor traffic violation? **(please circle answer) Yes or No.** If yes, please explain. _____

Postgraduate director's signature (if applicable)

Date

Applicant's Signature

Date

UMDNJ does not discriminate in admissions or access to its programs and activities on the basis of race/color, ethnicity, national origin, religion/creed, disability, age, marital status, sex, sexual orientation or veteran's status.