

Instructions to applicants

Please complete and return these forms, together with your academic record, to:

The General Dentistry Residency Coordinator
Dental Clinical Sciences
Faculty of Dentistry
5981 University Avenue
PO Box 15000
Halifax NS B3H 4R2

All applicants must pay an application fee of \$70, as follows:

Canadian or US applicants: Cheque, money order or bank draft, Visa, MasterCard or American Express

International applicants: Bank draft (Canadian or US funds only; Visa, MasterCard or American Express. (US dollars will be charged on US accounts).

Please do not send cash. Visa, MasterCard and American Express payments must include credit card number, expiry date, and the name and signature of the cardholder. Make cheques payable to Dalhousie University (print applicant's full name on the back of the cheque).

Information that you wish brought to the attention of the Admissions Committee should be included in your letter of intent.

Deadlines

Application forms	October 1
Supporting documents	October 1
Academic transcripts	As soon as they are available

Applicants

In addition to this application form, applicants must also submit by the October 1 deadline the following documentation:

1. Official transcripts from all the colleges and universities you have attended (as soon as they are available);
2. Three confidential evaluation forms (included in application package), sent directly by your referee. Include on the application form the names, addresses and occupations of the three referees (not relatives) who will provide a confidential evaluation in regard to character, etc. At least one of these referees should be an employer or professor with whom you have worked or attended classes during the last three years;
3. Statement of intent: Submit a two-page letter outlining your interest and suitability for this program. Attach a current CV.
4. Provide your class ranking.

Academic requirements

Students require:

Doctor of Dental Surgery (DDS) or Doctor of Dental Medicine (DMD) degree, eligibility for student licensure in Nova Scotia, and a NDEB certificate.

Minimum mid-B average during the student's undergraduate coursework (with a minimum average of A- over the the last two years).

Demonstrated ability to communicate and write in English (consistent with entry requirements for the Faculty of Dentistry, eg TOEFL >600, or computer-based TOEFL minimum of 250).

Personal details

Include your full legal name as it appears on your official identification documents, for example, your birth certificate or passport. Upon admission, Dalhousie will communicate with you at the mailing address and email address below. Please ensure this information is clear and correct. Your full legal name should also appear on all supporting documents.

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

Country

Telephone

Cell phone

E-mail

Province of permanent residence

Date of birth (MM/DD/YYYY)

GENDER IDENTITY/EXPRESSION

Gender identity refers to each person's internal and individual experience of gender. It is their sense of being a woman, man, both, neither or anywhere along or outside of the gender spectrum. Gender expression refers to how a person expresses their gender through behaviour and outward appearance such as dress, hair, make-up, body language and voice. A person's name and pronouns are also common ways of expressing gender identity.

Female

Male

Transgender, female

Transgender, male

Intersex

Gender non-conforming

Two Spirit

Queer

Cisgender (you self-identify with your birth sex)

Not listed above

Prefer not to answer

CITIZENSHIP STATUS

Canadian citizen

Permanent resident (landed immigrant) (provide paperwork)

Study permit (international students) (provide paperwork)

Other (specify)

Country of citizenship (if not Canadian)

Date of entry into Canada

Alternate contact person

Last name (surname/family name)

First name

Street address/PO Box/rural route/lot #

City

Province/state

Postal code

Country

Telephone

Relationship to you

Academic history (college/university)

Failure to disclose will result in disciplinary action

Have you attended another college or university? **Yes** **No**

Are you attending university in the current academic year? **Yes** **No**

Have you ever applied to, attended or worked for Dalhousie University, University of King's College or the former TUNS? **Yes** **No**

If yes, provide your ID #

You must disclose all colleges and universities, including those located outside Canada. Include an additional page if more space is required.

Institution Province (country) Start date End date Degree/diploma

Institution Province (country) Start date End date Degree/diploma

Institution Province (country) Start date End date Degree/diploma

References

See instructions for specific details on required references

Name Occupation

Address Telephone/E-mail

Name Occupation

Address Telephone/E-mail

Name Occupation

Address Telephone/E-mail

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) **Visa** **Mastercard** **American Express**

Card number Expiration date

Name of cardholder (as it appears on the card) Signature of cardholder

Background information

Because the nature of the study and practice of dentistry places you in a position of special trust, the Faculty of Dentistry requires you to answer the following question:

Have you ever been convicted of a criminal offence for which you have not received a pardon? **Yes** **No**

If yes, please explain

Is there anything in your background which would adversely affect your legal or ethical suitability for the practice of dentistry?
Yes **No**

If yes, please explain

Any applicant who responds “yes” to the above questions will still be considered for the programme. By submitting this application, you agree that the Faculty of Dentistry Admissions Committee may contact third parties to obtain additional information.

Declaration (required)

I hereby certify that all of the 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 academic 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 of applicant

Date

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

Dental Clinical Sciences | Dalhousie University | 5981 University Avenue | PO Box 15000 | Halifax, NS B3H 4R2 Canada

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.

If you have any questions, please email dcadmin@dal.ca

Office use only

_____ Department/school	_____ Date	_____ Recommending officer	Accepted Rejected
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_____ Basis of admission	_____ Comments
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_____ Entered by	_____ Date	_____ Decision recorded	_____ Date
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