

GRADUATE PERIODONTICSAPPLICATION

To apply

- Please refer to our website dal.ca/grad for information on admission requirements and deadlines.
- Please complete all sections of the application form.
- Payment of the \$115 application fee is required to process your application.
- It is the responsibility of the applicant to ensure that all **supporting documents** are received by the appropriate department.

 Applications will not be complete until all supporting documents are received.
- Be sure to sign the declaration on the final page of the application form before submitting.

Start date & personal details								
Start year								
Date of birth		SIN or SSN (if a	SIN or SSN (if applicable, optional)					
GENDER IDEN	ITITY/EXPR	ESSION						
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 anywh	nere along or	outside of the gender spectrum.	Gender expression re	efers to how a person e	expresses their gender			
through behavio	ur and outwa	rd appearance such as dress, ha	air, make-up, body lar	nguage and voice. A pe	rson's name and pronoun			
are also commo	n ways of exp	ressing gender identity.						
Female	Male	Transgender, female	Transgender, male	Intersex	Gender non-conforming			
Two Spirit Queer C		Cisgender (you self-identify	isgender (you self-identify with your birth sex)		Prefer not to answer			
CITIZENSHIP	STATUS							
Canadian citiz	en F	Permanent resident (landed immigrar	nt) Study perr	mit (international students	Other (specify)			
Country of citizens	ship (if not Can	adian)	Date of entry into	Canada				

Self-identification questionnaire (optional)

- Dalhousie University is committed to encouraging diversity and to providing services that meet the needs of the university's diverse student population. Completion of the section on self-identification is voluntary.
- Self-identify with consent: There may be scholarships and affirmative action policies available in some programs to those who self-identify with consent in this section. Dalhousie has numerous support services available to students who are Aboriginal, Black/of African descent or who have disabilities, including financial aid. If you select to self-identify with consent, the university may forward additional information on these support services.
- Self-identify without consent: There is also the option to self-identify without consent. This means any data produced from the information will not be linked to you without your prior written authorization. This information will be used by the university to assist in assessing and improving services for students who are Aboriginal, Black/persons of African descent or persons with a disability.
- For the purposes of the following, "Indigenous Peoples" include individuals who are (status or non-status) First Nations, Métis, or
- Dentistry applicants see the Affirmative Action Policy in the Faculty of Dentistry Calendar.

Indigenous With consent Without consent Both Indigenous and Black/African descent With consent Without consent

Black/African descent With consent Without consent Person with a disability With consent Without consent

Contact information

Reason:

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 that 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	Middle name		ame	
Street address/PO Box/rural route/lot #					
City	Province/state		Postal code	Country	
Province of permanent residence	Telephone		Cell phone		
Birth place	E-mail				
Academic history (college/u	iniversity)				
 You are required to submit one office Official transcripts must be provided department. It is the applicant's responsibility to List all colleges and/or universities you Official transcripts of all previous college College and the former TUNS are not responsible. 	I in a sealed envelope. T ensure that all transcrip have attended or are cu te and university studies	hey may be receivents are sent. Irrently attending. are required. Tran	ed directly from the issuin		
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	
Have you ever applied to, attended or v	vorked for Dalhousie Uni	versity, University	of King's College or the fo	ormer TUNS? Yes	
If yes, please provide your ID#:					
Have you ever been required to withdra	w from any post-second	ary institution for a	academic reasons?	Yes	
If yes, which institution:		Date:			

form available on the website and follow all the direction	ns.
Name and address of at least two academic referees:	
Name	Address
English language proficiency	
 Please check with your department. When proof of English language proficiency is necessional admission. Please note, some departments require the For a list of accepted test scores visit dal.ca/grad. Official test results should be forwarded to the department. 	
AGENT REPRESENTATION (INTERNATIONAL STU	DENTS)
Do you have an education or international agent representation	enting you? Yes
If yes, please name the individual and/or agency:	
Payment	
Indicate your method of payment for the non-refundable application can be processed or reviewed.	application fee. The \$115 application fee must be received before your
Cheque / money order (made payable to Dalhousie Univers	sity) Visa Mastercard American Express
Card number	Expiration date

Signature of cardholder

Confidential reference letters. Two supporting confidential reference letters are required. Please use the confidential reference letter

References

Name of cardholder (as it appears on the card)

Declaration (required)

I hereby certify that all of the above 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 Faculty of Graduate Studies
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.

For information regarding your application, contact dcsadmin@dal.ca.