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Photograph  
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(Optional)



## Application for Admission to the College of Dentistry Department of Orthodontics Internship Program

Complete Name \_\_\_\_\_ UF ID Number \_\_\_\_\_

Last/Family \_\_\_\_\_ First \_\_\_\_\_ Middle/Maiden \_\_\_\_\_

Current Mailing Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Nation (if not USA) \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Work/School Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Permanent Mailing Address (If different from current mailing address) \_\_\_\_\_ Permanent Phone Number (Day) \_\_\_\_\_

Street & Number \_\_\_\_\_ Permanent Phone Number (Evening) \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Nation (if not USA) \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ Nation of Citizenship \_\_\_\_\_ Place of Birth \_\_\_\_\_

Month Day Year Male Female \_\_\_\_\_ City State Nation \_\_\_\_\_

Non-U.S. Citizens only: Are you a permanent alien? No \_\_\_ Yes \_\_\_ If yes, attach a copy of both sides of your permanent resident alien card.

Are you a bona fide (legal) resident of Florida? No \_\_\_ Yes \_\_\_ If yes, number of years in residence

Ethnic Background: This information is requested by federal regulation. Your response will in no way affect this application.

\_\_ American Indian or Alaskan Native \_\_ Asian or Pacific Islander \_\_ Black (not Hispanic) \_\_ Hispanic \_\_ White (not Hispanic)

General Education		Date of Attendance (mo/yr)		Degree/Date
Institution-include city and state	Major Area of Study	From	To	Received

Professional and Graduate Education		Date of Attendance (mo/yr)		Degree/Date
Institution-include city and state	Major Area of Study	From	To	Received or Expected

List any academic distinctions, fellowships, scholarships, awards or prizes obtained by you in college, dental school or subsequently.


