

Loma Linda University School of Dentistry
Office of Advanced Dental Education
Application for Admission for a Non-degree Program

FELLOWSHIP

For Loma Linda University Student Services Use only
Date Accepted _____
School _____
Class _____
Completion Date _____
LLU ID _____

Date of Application

Fill in form, Print, Sign and Return

Personal Data

Last Name First Name Middle

Address City

State/Province Zip Code Country

Phone Number Cell Phone Number Email

Have you applied to Loma Linda University Before? Yes No If Yes, What Year

Have you attended Loma Linda University Before? Yes No If Yes, What Year

Birthdate Male Female State and/or Country of Birth
Example mm/dd/yyyy

Country of Citizenship If not U.S., Type of Visa Social Security Number
Example 111/11/1111

Section 2

ETHNIC ORIGIN/RELIGIOUS AFFILIATION Religion/Denomination SDA Home Conference

Ethnic Category: *Note this information will be used for purposes of statistical analysis and required reporting to the Federal Government.

Hispanic or Latino Non-Hispanic or Non-Latino

Ethnic Background: (Please check ALL that apply)

American Indian/Alaska Native Asian: Chinese Asian: Cambodian Asian: Filipino Asian: Asian Indian Asian: Japanese

Asian: Korean Asian: Malayasian Asian: Other Asian: Pakistani Asian: Thai Asian: Vietnamese

Black or African American Native Hawaiian or Pacific Islander Caucasian Middle East

Marital Data Single Married Separated Divorced Widowed Other

Educational Data

List in reverse chronological order, colleges, universities and professional schools you have attended.

Dental School for **Specialty** Dates Attended Year Degree Conferred
Example 2000-2002 Example 2000

Specialty Degrees Earned/Major Field of Study

Dental School Dates Attended Year Degree Conferred
Example 2000-2002 Example 2000

Degrees Earned/Major Field of Study

College or University Dates Attended Year Degree Conferred
Example 2000-2002 Example 2000

Degrees Earned/Major Field of Study

<i>Program of Choice</i>		<i>Length of Time (In Months)</i>	<i>1st Choice Start Date</i>	<i>2nd Choice Start Date</i>
Dental Anesthesiology	<input type="checkbox"/>	12 Months		
Endodontics	<input type="checkbox"/>	12 Months		
Implant Dentistry	<input type="checkbox"/>	12 Months		
Oral Maxillofacial Surgery	<input type="checkbox"/>	12 Months		
Orthodontics	<input type="checkbox"/>	12 Months		
Pediatric Dentistry	<input type="checkbox"/>	12 Months		
Periodontics	<input type="checkbox"/>	12 Months		
Prosthodontics	<input type="checkbox"/>	12 Months		

Please submit the following items:

- | | | |
|---------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Brief Personal Statement | <input type="checkbox"/> Brief Statement of Academic Interest | <input type="checkbox"/> Planned Objectives for Study at LLU |
| <input type="checkbox"/> Official Dental School Transcripts * | <input type="checkbox"/> Official ECE Evaluation * | <input type="checkbox"/> Official Copy of Specialty Certificate * |
| <input type="checkbox"/> Copy of Dental Degree | <input type="checkbox"/> Three Letters of Recommendation | <input type="checkbox"/> CV (curriculum vitae) |
| <input type="checkbox"/> Copy of Current Dental License | <input type="checkbox"/> TOEFL Score (foreign applicants only) | <input type="checkbox"/> Passport Photo |
| <input type="checkbox"/> Current CPR Certification | <input type="checkbox"/> \$60.00 Application Fee | |

* Official transcripts must be mailed directly from the issuing institution(s) to Loma Linda University School of Dentistry. If the only transcript is in the possession of the applicant, a copy must be submitted to the issuing institution for stamped and signed verification, then mailed by the institution directly to LLU. Transcripts that are hand-carried or mailed by the student or anyone other than the issuing institution, even if in a sealed envelope, are not considered official.

Return this form, above supporting documents and fee to the program directly at:

Advanced Education Program in
 Loma Linda University School of Dentistry
 Loma Linda, Ca 92350

Because Loma Linda University vigorously advocates healthful living on moral and prudential grounds, the School of Dentistry expects students to exclude alcohol, tobacco and illegal drugs from their lives while at the University, or while involved in University-related activities.

I accept the above expectations of my behavior and hereby apply for admission to Loma Linda University School of Dentistry certifying that, to the best of my knowledge, this information given in this form is true.

Applicant Signature