

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

**For Loma Linda University
Student Services Use only**

Date Accepted _____
School _____
Class _____
Completion Date _____
LLU ID _____

EXTERNSHIP OR INTERNSHIP

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: Malaysian 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

Educational Data

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

Dental School Attended 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

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

Degrees Earned/Major Field of Study

Educational Interests Select One

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

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"/> CV (curriculum vitae) | <input type="checkbox"/> Three Letters of Recommendation | <input type="checkbox"/> \$60.00 Application Fee |
| <input type="checkbox"/> Dental School Transcripts | <input type="checkbox"/> ECE Evaluation | <input type="checkbox"/> TOEFL Score (foreign applicants only) |
| <input type="checkbox"/> Specialty Certificate (if applicable) | <input type="checkbox"/> Copy of Dental Degree | <input type="checkbox"/> Current Dental License (if applicable) |
| <input type="checkbox"/> Current CPR Certification | <input type="checkbox"/> Passport Photo | |

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