

**Application Cover Page** ( ) New Applicant - or- ( ) Re-Applying from 2016  
for Admission to VCU Postgraduate Program in Orthodontics

**Personal Information:**

Last Name:	First Name & M.I.:
Preferred Name:	E-mail:
Current Address (including state, country, postal code):	Telephone Numbers (include area code): Cell: Current Home:
MATCH Applicant #:	Date of Birth:

*Note: Fill out this form completely.*

**National Boards:** I have taken National Boards. *Please send a copy of your scores.*

<b>Required Part I Score:</b>	Part II Score (if taken):
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**GRE Scores:** I have taken the GRE Test. *Please send a copy of your score report.*

Test Date:	Verbal Reasoning:	Quantitative Reasoning:	Analytical Writing:
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**Education:**

List all post secondary schools attended. Begin with most **recent** and list months and years each attended inclusively. Be sure to include any residencies.

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ Degree Earned \_\_\_\_\_

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ Degree Earned \_\_\_\_\_

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ Degree Earned \_\_\_\_\_

**Dental School GPA & Rank:**

*Current if Student or Cumulative if Graduated:* GPA: \_\_\_\_\_ (Scale \_\_\_\_\_)  
*Current if Student or Final if Graduated:* Class Rank: # \_\_\_\_\_ of \_\_\_\_\_ students

\_\_\_\_\_ Dental school evaluation letter enclosed/included in PASS. \_\_\_\_\_ Rank and GPA are on my transcript/in PASS.  
\_\_\_\_\_ No scores or ranks are recorded at my school.

**We require that you confirm that you are applying only to programs participating in the Postdoctoral Dental MATCH Program:**

By signing here, I affirm that I am applying only to programs in MATCH.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Mail to:**  
POSTGRADUATE SELECTION COMMITTEE  
Department of Orthodontics  
VCU School of Dentistry  
520 N. 12<sup>th</sup> Street, Room 111  
P.O. Box 980566  
Richmond, Virginia 23298-0566

**Deadline: September 1, 2017; receipt at VCU.**