



In order to be officially considered for admission to the University of Louisville School of Dentistry Postgraduate Program in Endodontics, please send the following to:

Dr. Stephen J. Clark
Director, Postgraduate Program in Endodontics
Department of Oral Health and Rehabilitation
University of Louisville
School of Dentistry
501 S. Preston Street, Room 334
Louisville, Kentucky 40292

1. The enclosed application form.
2. Official transcript of all previous college and dental school grades.
3. Recommendations from three persons who are well acquainted with your abilities.
4. A recent photograph of yourself.
5. National Board scores.
6. A fifty-dollar (\$50.00) non-refundable fee. (Make check or money order payable to the University of Louisville-Endodontics.)
7. TOEFL Examination official results, if applicable. Applicants for whom English is a second language must also take the TOEFL examination (to test the applicant's proficiency in spoken and written English). Applications for this examination can be obtained from:

Test of English as a Foreign Language
Educational Testing Service
Princeton, New Jersey 08540

Date of Application _____, 20 ____

Name _____
Last First Middle

Present Mailing Address _____
Number and Street

City State Country Zip

Permanent Mailing Address _____
Number and Street

City State Country Zip

E-Mail Address _____

Telephone (Present) _____ (Permanent) _____ (Daytime) _____

Date of Birth ____/____/____ Place of Birth _____

Citizenship (Country) _____ Marital Status _____

Name of Spouse (if any) _____
Last First Middle

Number of Children _____ Social Security Number _____

Dental License(s) _____
State or Country Number Date of Expiration

State or Country Number Date of Expiration

State or Country Number Date of Expiration

Have you served in the federal services? ☐ Yes ☐ No

If yes, give details _____
Service Capacity Dates

Service Capacity Dates

Have you applied for admission to the University of Louisville previously? ☐ Yes ☐ No

If yes, give details _____

List all colleges and universities attended, beginning with the most recent			
College or University	Dates	Major Area of Study	Degree Received or to be Received, w/date
_____ from	_____ to _____	_____	_____
_____ from	_____ to _____	_____	_____
_____ from	_____ to _____	_____	_____
_____ from	_____ to _____	_____	_____

List previous professional experience

Location

Date _____

List present professional activities

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

List any teaching or research experience.

School

Department

Rank

Dates

Area of Research
or Teaching

List any scientific or clinical publications, abstracts or presentations given at meetings of scientific or dental societies.

List academic and professional organizations in which you have been active or are a member.

Please state your academic interests and goals and relate these to your career goals, include current and long range interests in research, teaching, or other professional activities.

List your personal interests and hobbies.

The candidate may attach a personal statement to this application. This statement should explain their interest in endodontics and any special circumstances that the committee should consider in reviewing the application. COMPLETED APPLICATIONS MUST BE RECEIVED BY JULY 15.

Notice to Applicants:

The University of Louisville complies with all state and federal regulations regarding control of bloodborne and infectious diseases. Everyone engaged in patient care is expected to comply with these regulations, including maintaining immunizations (such as hepatitis B, mumps, measles, rubella, influenza and others).