



# 2010 DENTAL RESIDENCY APPLICATION

### Specialty (check one)

- Prosthodontics
- Oral Pathology
- General Practice Residency
- Oral and Maxillofacial Surgery

Before completing this application please read the back of the form. Sections 1, 2, 3 and 5 must be completed.

## 1. PERSONAL INFORMATION

Please print or type your **legal** name as it should appear on all official University records and sign it in the same way.

SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME \_\_\_\_\_  
Last Name First Name Middle Name Former Name(s)

CURRENT ADDRESS \_\_\_\_\_  
Street Address Apt # TELEPHONE ( ) \_\_\_\_\_  
(Daytime)

PERMANENT ADDRESS \_\_\_\_\_  
City County State Country (if not U.S.) Zip

PERMANENT ADDRESS \_\_\_\_\_  
Street Address Apt # TELEPHONE ( ) \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_  
City County State Country (if not U.S.) Zip

E-MAIL ADDRESS \_\_\_\_\_  
TELEPHONE ( ) \_\_\_\_\_  
(Evening)

Please do not write in the space below. For Office of Admission and Registrar use only.

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## 2. RESIDENCY INFORMATION

BIRTHPLACE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
City State Country (if not U.S.)

CITIZENSHIP \_\_\_\_\_ VISA If you are not a U.S. citizen, what type of visa do you have?  
Country of Citizenship  J-1  F-1  Permanent Resident Status  
 Other: Specify \_\_\_\_\_

STATE RESIDENCE  
Are you a legal resident of California?  Yes  No If you have moved to California, when did your present stay begin?  
(Month - Day - Year) \_\_\_\_\_

Give place and date of previous permanent residence \_\_\_\_\_  
City State Country Dates

## 3. EDUCATIONAL BACKGROUND

List in **chronological order** all colleges ever attended. Include all schools you are now attending. List additional schools on separate page.

University/Institution Name	Location	Attendance From: mm/yy To: mm/yy	Major	Degree	Date Received or Expected

## 4. STATISTICAL INFORMATION (Providing this information is voluntary, please see reverse side.)

- Ethnicity Check One:
- |  |   |                                 |
|--|---|---------------------------------|
| (A) <input type="checkbox"/> American Indian/Alaskan Native* | (J) <input type="checkbox"/> Latino/Other Spanish-American* | SEX                             |
| (B) <input type="checkbox"/> Black/Afro-American             | (L) <input type="checkbox"/> Pilipino/Filipino              | <input type="checkbox"/> Male   |
| (C) <input type="checkbox"/> Chicano/Mexican-American        | (M) <input type="checkbox"/> Pacific Islander*              | <input type="checkbox"/> Female |
| (D) <input type="checkbox"/> Chinese/Chinese-American        | (N) <input type="checkbox"/> Other Asian*                   |                                 |
| (F) <input type="checkbox"/> East Indian/Pakistani           | (P) <input type="checkbox"/> White/Caucasian*               |                                 |
| (G) <input type="checkbox"/> Japanese/Japanese-American      | (Q) <input type="checkbox"/> Middle Eastern/North African   |                                 |
| (H) <input type="checkbox"/> Korean/Korean-American          | (V) <input type="checkbox"/> Vietnamese/Vietnamese-American |                                 |
| *See reverse side for more information                       | (K) <input type="checkbox"/> Other, Please specify _____    |                                 |

## 5. SIGNATURE

I certify that I have carefully considered each question and that my statements are true and complete to the best of my knowledge. Further, I understand that cancellation of my admission privileges may result if any information is found to be incomplete or inaccurate.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

For information regarding Services to Students with Disabilities, please read the back of this form. Also note that it is the student's responsibility to identify himself/herself in a timely manner to the Office of Student Relations in order to receive accommodations necessary to allow the student to complete the academic program to which he/she has been admitted.

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■ The University of California in compliance with Title VI and VII of the Civil Rights Act of 1964 as amended, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, does not discriminate on the basis of race, color, religion, national origin, sex, mental and physical disabilities, or age in any of its policies, procedures, or practices; nor does the University discriminate on the basis of sexual orientation. This nondiscrimination policy covers admission and access to, and treatment and employment in, University programs and activities, including but not limited to, academic admissions, financial aid, educational services, and student employment.

Inquiries regarding the University's equal opportunity policies may be directed to: Director of Affirmative Action/Equal Opportunity, University of California, San Francisco. Telephone (415) 476-4752.

■ The Social Security number will be used by the University to verify your identity. Disclosure of your Social Security number is mandatory. This notification is provided to you as required by the Federal Privacy Act of 1974. The University's record-keeping systems relating to this application were established prior to January 1, 1975, pursuant to the authority granted to The Regents of the University of California under Article IX, Section 9, of the California Constitution. If you are a United States citizen and do not have a Social Security number, apply for one through the nearest district Social Security Office and notify the Office of Admission and Registrar when you receive it. If you are not a United States citizen and live in another country, it is not necessary for you to secure a Social Security number.

■ Services for students with disabilities at UCSF are coordinated by the Office of Student Relations. Among the services available to meet the individual needs of students with disabilities are: interpreter, reader, and notetaker services which are necessary to allow a student to complete the academic program; special parking; registration assistance; test-taking arrangements; special orientation to the campus physical environment; liaison with the California State Department of Rehabilitation; and referral to resources, services, and agencies. For more information, please contact: The Office of Student Relations, 126 Millberry Union, UCSF, San Francisco, CA 94143-0376; 415/476-4318 (voice and TDD).

■ The State of California Information Practices Act of 1977 requires the University to provide the following information to applicants for admission who are asked to supply information about themselves. The principal purpose for requesting information on this form is to process your application for admission. Maintenance of this information is authorized by University policy. Furnishing certain information requested on this form is specifically noted as optional or voluntary. There is no penalty if you do not complete these items. Furnishing information that is not designated voluntary or optional is mandatory. Failure to provide such information will delay or may even prevent completion of the admissions process. Information furnished on this form may be used by various University departments for admissions and other student-related purposes, such as housing and financial aid. This information will be transmitted to the State and Federal governments if required by law. The official responsible for maintaining the information contained on this form is the campus Admissions Officer. Telephone (415) 476-8280.

■ Section 4 Statistical Information - Please indicate your ethnic identity and sex by checking the appropriate boxes. This information has no bearing on your eligibility for admission, and providing it is voluntary. By doing so, you provide information that will help the University to plan student programs and measure their effectiveness.

(A) American Indian/Alaska Native  
The term "American Indian/Alaska Native" refers to an Indian tribe, band, or other organized group of Indians, including those groups currently or formerly recognized by the federal government, and/or those recognized by the state in which they reside. For more information contact the UCSF EOP Office, (415) 476-4752.

(J) Latino/Other Spanish - American  
Including Cuban, Puerto Rican, Central American

(M) Pacific Islander  
Includes Micronesian, Polynesian, Other Pacific Islanders

(P) White/Caucasian  
Including Middle Eastern

(N) Other Asian  
Not including Middle Eastern

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**NOTE:** A nonrefundable \$60 application fee must accompany this application. Remittance should be by check or money order made payable to the REGENTS OF THE UNIVERSITY OF CALIFORNIA. A \$10.00 fee will be charged for returned checks.

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