

### Confirmation of School of Graduate and Postdoctoral Studies Application

Date: \_\_\_\_\_

**To:** Dentistry Admissions Coordinator  
Schulich School of Medicine & Dentistry  
University of Western Ontario

**Subject:** Confirmation of SGPS Application

Dear Dentistry Admissions,

I, \_\_\_\_\_, confirm that I have submitted an application to the School of Graduate and Postdoctoral Studies (SGPS) for the \_\_\_\_\_ with a proposed start date of \_\_\_\_\_. My application is currently under review by the respective graduate program.

Program Details:

- **Name:** \_\_\_\_\_
- **Confirmed PhD Supervisor:** \_\_\_\_\_
- **Graduate Program:** \_\_\_\_\_
- **Proposed Research Topic:** \_\_\_\_\_

I understand that my admission to the Dental Clinician Scientist (DCS) program is contingent upon the acceptance of my PhD application by SGPS and my continued good standing within the graduate program. I will provide any additional documentation required upon request.

Supervisor Signature: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_