Only Canadian citizens and permanent residents of Canada enrolled in dental programs accredited by the Commission on Dental Accreditation of Canada (CDAC): in Australia, Ireland, New Zealand and the United States are eligible to apply. The first year curricula from which applicants come must present similar course content to that of our first year. Of note: at present, first year curricula must include general medicine and pathology to the extent that is covered in our first year curriculum, in order to be given second year entry consideration.

APPLICATION DEADLINE and FEE:

Applications are due no later than July 1, 2016. A two hundred and seventy-five ($275.00 Cdn) non-refundable application fee must accompany this application. Payment of this fee can be made by cheque or money order (payable to “The University of Western Ontario”) in Canadian funds. If the application fee does not accompany this application form, your application will not be processed. If there are no seats available for transfer into the second year class, application fees will be returned.

ADMISSION REQUIREMENTS:

These regulations apply to students currently enrolled in approved undergraduate dental programs.
1. Admission beyond the second dental year is not permitted and admission into the second dental year will only be considered if a vacancy exists for that year.
2. Applicants must be Canadian citizens or permanent residents of Canada.
3. All students applying for admission to Dentistry whose mother tongue (first language) is not English will be required to prove their understanding of the English language. See “Proof of English Proficiency” section of the Western Calendar.
4. Applicants who have been required to withdraw by a dental school for academic or other reasons will usually be ineligible for admission to second year.
5. Applicants must satisfy the general admission requirements of Western University and/or the transfer regulations adopted by Senate. (Only applicants who have completed a 4-year undergraduate degree, a requirement for entry at the first year level, are eligible to apply.)
6. Applicants to second year are not required to take the Dental Aptitude Test administered by the Canadian Dental Association.
7. Applicants may be required to present for an interview and/or submit letters of reference.

In the event that there is a competition to fill a vacant seat in Year 2 of the Schulich Dentistry program, the decision will likely be made in early August.
APPLICATION DOCUMENTATION REQUIRED:

ACADEMIC DOCUMENTS:

It is your responsibility to ensure the following documents are received by Schulich Dentistry by July 1 of the year of entry:

1. Official transcripts from EACH university, college or other post-secondary institution which you have previously attended or are presently attending.

2. Detailed copies of course synopses of previous dental courses taken along with the other material describing the courses taken and explaining the grades achieved, grading schemes, course hours, course weights and number of lecture/lab hours.

It is the responsibility of applicants to ensure that the courses completed parallel courses offered during the first year at Schulich. For first year curriculum comparison with that of Schulich Dentistry, please see curriculum and course information at the School website: https://www.schulich.uwo.ca/dentistry/current_students/index.html.

The copies may be submitted by a PDF attachment to an email (admissions.dentistry@schulich.uwo.ca) or if necessary by hard copy in the mail.

Once it has been determined that there will be a transfer competition, all first year programs will be carefully reviewed to ensure that there will be no gaps in applicants’ first year subject knowledge.

ADDITIONAL DOCUMENTATION (if applicable):

1. Proof of permanent resident status – a photocopy of the front and back of permanent resident (PR) card. Canadian citizens do not need to submit proof of citizenship.

2 Photocopy of name change (ie. marriage certificate) – if documents are under a different name from that used on your application form.

3. TOEFL/TWE, MELAB or IELTS results unless transcripts show that post-secondary education was at an English medium institution. See the “Proof of English Proficiency” section of the Western Calendar: (http://welcome.uwo.ca/admissions/admission_requirements/english_language_proficiency.html).


5. If there is information which you wish to bring to the attention of the Admissions Committee to assist in the assessment of your qualifications, please present it briefly on 8 ½ x 11” paper and include it with your application.

PLEASE NOTE: if you previously applied for admission, you must resubmit documentation. Application material is not retained from year to year.

INQUIRIES:

Applicants should direct all requests for information to:

Admissions Coordinator - Dentistry
Schulich School of Medicine & Dentistry
Western University
Health Sciences Addition, Room H103
London, ON N6A 5C1
Phone – 519-661-3744; Fax – 519-850-2360
E-mail – admissions.dentistry@schulich.uwo.ca
## BIOGRAPHICAL DATA:

**NAME** – Correct Legal Name in Full

Legal Surname: __________________________________________________________

Former Surname (if applicable): __________________________________________

All Legal Given Names: ________________________________________________

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<td>Province/State</td>
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<tr>
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<td>E-mail Address: ____________________________</td>
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**WESTERN STUDENT #:**________________________

(If applicable)

**DATE OF BIRTH:**

Year _______  Month _______  Day _______

**MOTHER TONGUE:**

- English
- French
- Other (Identify)____________________

**STATUS IN CANADA:**

- Canadian Citizen
- Permanent Resident (Landed Immigrant)  Date of Entry : Year ____ Month ____ Day ____

Proof of entry into Canada must be submitted with your application form if you are not a Canadian citizen.

- Other (Please specify)

**ADMINISTRATIVE FEE - ($275):**

- Cheque
- Money Order

Cont’d next page
EDUCATION SINCE HIGH SCHOOL:

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<tr>
<th>Academic Yr (starting with current)</th>
<th>University attended &amp; Location</th>
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<td>2010 - 11</td>
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If more space is required, please attach a separate sheet.

EMPLOYMENT – if there is an interruption in academic record – to confirm any gaps in transcript record – summer and winter breaks excluded:

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<th>Year</th>
<th>Employer</th>
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<td>2010 - 11</td>
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</tbody>
</table>

If more space is required, please attach a separate sheet.

DENTAL EDUCATION INFORMATION

Where have you attended Dental School?  
When?  
____________________________________________________________________________________

Have you ever been required to withdraw from another Dental School?  
Yes ☐  
No ☐

If YES – Why? (Please use separate page if necessary.)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

APPLICANT’S SIGNATURE

I understand that admission to the second dental year will only be considered if there is a vacancy in that class.

All information requested on this form must be completed in full or the application will not be considered by the Dentistry Admissions Committee. False information will invalidate the application and will result in the immediate rejection of the applicant or dismissal if he/she is admitted.

I hereby certify that all statements that I have made in connection with this application are true and that my educational background is fully disclosed.

Signature: ___________________________  Date: ____________________________

RETURN Completed Application Form and required documentation by July 1, 2016 to:

Admissions Coordinator – Dentistry Program  
Schulich School of Medicine & Dentistry  
Health Sciences Addition, Room H103  
Western University  
London, ON N6A 5C1