

Baylor College of Dentistry (BCD)
A Member of The Texas A&M University System
Statistical Questionnaire
Race or Ethnic Group

All applicants for admission will be considered without regard to race, color, creed, national origin or sex. This form will not be placed in your file. The information will be entered into the admissions database. Those faculty reviewing your application file will not have access to this information. Your response to the item requesting race or ethnic group is voluntary. The information on this questionnaire is for statistical purposes only and has no bearing on the admissions process.

Legal Name: _____
Last, First, Middle

Social Security Number: _____

Race or Ethnic Group:

American Indian
 Asian

Alaskan Native
 Hispanic

Black, Non-Hispanic
 White, Non-Hispanic

Other (specify): _____

Return this form in a sealed envelope, along with your application. On the outside of the envelope, please print your full name and social security number.

Baylor College of Dentistry (BCD)
A Member of The Texas A&M University System
Admissions Procedures

The information supplied is to be used to make an important decision, for you and for Baylor College of Dentistry (BCD). Please take time and care in completing your application.

APPLICATION PROCEDURES

1. Applications for Advanced Education Programs are to be completed and returned to the Director of Admissions, Baylor College of Dentistry, PO Box #660677, Dallas, Texas 75266-0677.
2. An application processing fee of \$35 is non-refundable and must be included with your application. The application renewal fee is \$25. International applicants must submit a money order drawn on an U.S. bank.
3. Distribute the reference forms to each person writing a recommendation, along with a stamped, addressed envelope. (Note that these go directly from the recommending person to the Director of Admissions.) As you probably know, it is considered discourteous to give a person's name as a reference unless you have first received permission to do so. A brief visit or telephone call will both obtain their permission and show your appreciation for the effort.
4. Request official transcripts from all colleges and universities you have attended be sent to the Director of Admissions. As indicated on side two of the application, these should be sent directly from the college or university to BCD, and not included with this application. International applicants must have transcripts evaluated by Educational Credentials Evaluators. They can be reached at PO Box #92970, Milwaukee, Wisconsin 53202-0970, by telephone at (414) 289-3400, or by fax at (414) 289-3411. Their web site address is www.ece.org. You should request the "course-by-course" report.
5. If you have a dental degree, or expect to receive one, request that a letter from the Dean of the dental school, certifying your grade point average and class standing, be sent to the Director of Admissions.
6. Advanced Education programs leading to an MS or PhD degree require applicants to take the Graduate Record Exam (GRE) General Test. (U.S. applicants for Prosthodontics may substitute National Board Dental Exam scores). GRE scores made more than five calendar years prior to application for admission may not normally be used, except when the applicant has been involved in graduate or professional academic programs for the majority of the time since the testing date. GRE scores made more than ten calendar years prior to application for admission to graduate studies may not be used.
7. Except for international applicants, National Board scores for all clinical programs must be furnished.
8. International students from non-English-speaking countries must present an acceptable TOEFL score (550 minimum paper based; 213 computer based) and be fluent in both written and spoken English.
9. Include with your application a copy of your Curriculum Vitae, or resume and a narrative on your goals and objectives.
10. Personal interviews may be required at the discretion of the Department.
11. College policies and information regarding academic due process, attendance, sexual harassment, bloodborne and infectious diseases, etc., are available online in the College Catalog, www.tambcd.edu or by request to the program director.

Applications should be submitted the year prior to the anticipated date of enrollment, by the following deadlines:

Biomaterials Science	No deadline	♠ Program participates in PASS.
Biomedical Sciences	No deadline	Contact them directly for an application.
Dental Hygiene	March 1	1625 Massachusetts Avenue, Suite #600
Endodontics	September 15	Washington, DC 20036
General Dentistry	October 15 ♠	Their telephone number is (202) 332-8795.
Health Professions Education	March 31	
Oral & Maxillofacial Pathology	December 1	❖ Program participates in Match.
Oral & Maxillofacial Surgery	September 15 ♠❖	Contact them directly for an application.
Orthodontics	September 15 ❖	595 Bay Street, Suite #301
Pediatric Dentistry	November 1 ♠❖	Toronto, Ontario, Canada M5G 2C2
Periodontics	August 20	Their telephone number is (416) 977-3431.
Prosthodontics	October 1	
Dental Public Health	January 30	

Baylor College of Dentistry (BCD)
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ADVANCED EDUCATION PROGRAMS
APPLICATION FOR ADMISSION

Type or print in ink. Check where appropriate:

Social Security Number: _____ Term of anticipated first registration: _____

Full Name (Last, First, Middle): _____

Other names under which academic work pursued: _____

Present Address: _____

Permanent Address: _____

Home Phone: _____ Daytime Phone: _____

State of Residency: _____ Sex*: Male Female

Place of Birth: _____ Date of Birth: _____

Citizenship: _____ Type of Visa: _____

Program for which you are applying: _____

Are you applying for an MS degree? Yes No A PhD degree? Yes No

Have you previously applied to this particular program? Yes No If so, when? _____

Have you ever attended BCD? Yes No If so, when? _____

List all colleges and universities attended, beginning with the most recent:

Name/Location of Institution	Month/Year of Attendance		Major	Degree/Hours	Dates
	From	To			
	From	To			
	From	To			
	From	To			
	From	To			
	From	To			

Applicants must furnish National Board scores when applicable.

Part 1 submitted? Yes No Part 2 submitted? Yes No

International students must present a TOEFL score (550 minimum) and be fluent in written and spoken English.

Test taken and scores submitted? Yes No

Advanced Education programs leading to an MS or PhD degree require applicants to take the Graduate Record Exam (GRE) General Test. (U.S. applicants for Prosthodontics may substitute National Board Dental Exam scores.) GRE scores made more than five calendar years prior to application for admission may not normally be used, except when the applicant has been involved in graduate or professional academic programs for the majority of the time since the testing date. GRE scores made more than ten calendar years prior to application for admission to graduate studies may not be used.

Have you taken the GRE? Yes No When? _____

Have you requested GRE scores be sent to BCD? Yes No When? _____

NARRATIVE AND CURRICULUM VITAE

On a separate page, please state your academic interests and goals and relate these to career goals. Include any current, long-range participation in research, teaching or other professional objectives. If you have progressed far enough in your career to have publications or other evidence of scholarly or creative endeavors, please describe these. Also, list any academic and professional organizations, fellowships, scholarships or other honors.

REFERENCES

Ask three people who know your academic qualifications well to write recommendations on your behalf. Use the enclosed "Request for Information" form and list their names, positions, and addresses below. Be sure to fill out the information at the top of each form and provide the respondent with a stamped, addressed envelope. Note these are returned directly to BCD by the respondent.

Name	Position	Address

Request that an official transcript from all colleges and universities you have attended, and when applicable, a letter from the Dean of the dental school, certifying your grade point average and class standing, along with the TOEFL, GRE and National Board scores, be sent to the **Director of Admissions, Baylor College of Dentistry, PO Box #660677, Dallas, Texas 75266-0677.**

I hereby certify that the information given by me on this application is complete and accurate.

APPLICANT'S SIGNATURE _____ DATE _____

In compliance with Public Law 93-380, Family Educational Rights and Privacy Act of 1974, the following statement is provided for your use in case you desire to exercise the option.

STATEMENT OF WAIVER OF RIGHTS

I hereby voluntarily waive my right of access to any materials used for evaluation of my Application for Admission to BCD, provided such materials are restricted to or limited to letters of recommendation and/or forms used by the College on which comments are made and submitted as part of the evaluation process.

Yes No

APPLICANT'S SIGNATURE _____ DATE _____

Baylor College of Dentistry (BCD)
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REQUEST FOR INFORMATION

This form should be returned to:
Baylor College of Dentistry; Director of Admissions; PO Box #660677; Dallas Texas 75266-0677

SECTION TO BE COMPLETED BY THE APPLICANT

Applicant's Name: _____

Social Security No.: _____

Program Applying To: _____

Recommender's Name: _____

I have read the Statement of Waiver of Rights on the Application for Admission to the Advanced Education Programs at Baylor College of Dentistry (BCD) and have chosen to waive not to waive my rights of access to this letter.

Signed: _____ Date: _____

SECTION TO BE COMPLETED BY THE RECOMMENDER

KNOWLEDGE OF THE APPLICANT:

1. How long have you known the Applicant? _____ years _____ months
2. How well do you know the Applicant? Casually Well Very Well
3. What was the nature of the contact with the Applicant?
 - As a laboratory assistant or grader
 - As a student in one class
 - As a student in more than one class
 - As an Employee
 - As a student engaged in research or independent study under my direction
 - As an advisee
 - Other (specify) _____

QUALIFICATIONS OF THE APPLICANT:

1. What is the educational group with which the Applicant is being compared?
 - College seniors
 - First-year graduate students
 - Other (specify) _____
2. What is the Applicant's promise as a graduate student?

Skill Observed	Inadequate Opportunity to Observe	Below Average	Average	Above Average	Good	Unusual	Outstanding	Truly Exceptional
		Lowest 40%	Middle 20%	Next 15%	Next 15%	Highest 10%		
Research Skills								
Clinical Skills (if applicable)								
Persistence								
Ability to work with others								
Ability to work independently								
Ability to organize thought								
Speaking Skills								
Writing								

3. Is the Applicant's scholastic record, as you know it, an accurate index of his/her scholastic potential?

- Yes No Inadequate opportunity to observe

If your answer is "NO" please briefly explain. _____

4. Do you have any information related to character, temperament, or physical and mental health that should be considered by an Admissions Committee in planning the Applicant's graduate work?

- Yes No Inadequate opportunity to observe

If your answer is "YES" please briefly explain. _____

5. Additional written comments or a letter of recommendation are highly desirable.

Signature of recommender _____ Date _____

Name printed or typed _____ Position _____

Institution/organization _____

Address _____

Telephone _____ Attachment Yes No

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 Inadequate opportunity to observe

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Name printed or typed _____ Position _____

Institution/organization _____

Address _____

Telephone _____ Attachment Yes No

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If your answer is "YES" please briefly explain. _____

11. Additional written comments or a letter of recommendation are highly desirable.

Signature of recommender _____ Date _____

Name printed or typed _____ Position _____

Institution/organization _____

Address _____

Telephone _____

Attachment Yes No