



Section 1: Personal Information	
Surname (Legal Name as it appears on Birth Certificate or Passport)	
First Name & Middle Name(s) (Do not use initials)	
Date of Birth (Month/Day/Year)	<input type="checkbox"/> Female <input type="checkbox"/> Male
Place of Birth (Country/City)	
Country of Citizenship	First Language

Section 2: Correspondence/Mailing Address	
Street Address, Apartment Number, Box Number	
City or Town and Province	
Country	Postal Code
(Area Code) Home Telephone	(Area Code) Cell/Business Phone Number
E-mail address	
Emergency Contact	
Name	Relationship
(Area Code) Home Telephone	(Area Code) Cell/Business Phone Number

Section 3: Citizenship Status in Canada	
Applicants are required to provide a photocopy of proof of Citizenship status.	
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident	Effective Date (Month/Day/Year)

Section 4: Postsecondary Education

Applicants must list all current and previous institutions as well as copies of transcripts.

Province/Country	Name of Institution	Program Start Date	Graduation Date	Language of Instruction

Have you ever been required to withdraw from a program at any postsecondary educational institution for academic or disciplinary reasons?

Yes

No

If yes, please specify location, institution, and date:

Section 5: Document Checklist

All documents must be submitted to pgde@ualberta.ca as one single PDF application.

- Application Form
- Proof of Canadian citizenship or Permanent Residence Card (photocopy)
- Notarized copy of all transcripts from all previous University education
- Notarized copy of all degree certificates
- Documents not in English must be accompanied by a notarized English translation
- Three letters of recommendation (signed)
- Letters of good standing

CV

Proof of instruction in English (if required) or English language examination score results

Part 6: Applicant Declaration

I certify that the information in this application is true and complete in all respects and that I have withheld no information. I understand that misrepresentation, falsification of documents, or withholding of requested information regarding this application are serious offenses and may result in prosecution under the University's codes of behavior and/or the Criminal Code of Canada. I agree, if selected for the Dental Specialties Assessment and Training Program, to comply with the University regulations as stated in the University of Alberta Calendar.

Applicant Signature

Date (MMM DD, YYYY)