



COLLEGE OF DENTISTRY-CERTIFICATE PROGRAMS

University of Illinois at Chicago

Office of Admissions and Records (MC 018) • Box 5220 • Chicago, Illinois 60680-5220 • (312) 996-4350 • TTY (312) 355-0379

Include \$50 (domestic or immigrant applicant) or \$60 (international applicant) nonrefundable application fee (U.S. currency) payable to the University of Illinois.

New application Reapplication For: Certificate of proficiency
(If you are applying to a degree program, you must make a separate application to the Graduate College on its application form.)

Department/Major study _____ University Identification Number _____

Curriculum Code

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CURRICULUM CODES:

- | | | | |
|-------------|-------------------|-------------|---------------------|
| 20FN1209ADV | Endodontics | 20FN1553ADV | Pediatric Dentistry |
| 20FN1520ADV | Oral & MF Surgery | 20FN1559ADV | Periodontics |
| 20FN1530ADV | Orthodontics | 20FN1622ADV | Adv Prosthodontics |

Please type or print in ink.

1 Proposed Term of Enrollment (check one only) Fall (August) Spring (January) Summer (July) Year _____

(If not a U.S. citizen, please print your name exactly as it appears or will appear on your passport)

2 Full Legal Name
Last/Family Name/Surname _____ First/Given/Personal _____ Middle _____

3 U.S. Social Security Number _____ E-mail Address _____

4 Indicate Any Name(s) You Have Used
on previous academic records that are different than above

Last/Family Name/Surname/Maiden _____ First/Given/Personal _____ Middle _____

5 Permanent Legal Home Address
Number and Street or Rural Route _____ Apt. No. _____ Area Code and Telephone Number _____

City or Town _____ County _____ State (or Country) _____ Zip Code _____

6 Current Mailing Address
if different from #5
Number and Street or Rural Route _____ Apt. No. _____ Area Code and Telephone Number _____

City or Town _____ County _____ State (or Country) _____ Zip Code _____

7 Birthdate _____
Month Day Year

8 Sex Male Female

9 Work Area Code and Telephone Number _____ Extension _____

10 Citizenship - Check Only One

- | | |
|---|--|
| <p><input type="checkbox"/> (US) U.S. Citizen (born or naturalized)</p> <p><input type="checkbox"/> (PR) U.S. Permanent Resident
Alien Registration Number A# _____
Submit a copy of your permanent resident card with this application.</p> <p><input type="checkbox"/> (NR) International
If you are in the U.S on a valid visa, submit a copy of your visa with this application;
OR
If you will need an I-20 or DS-2019, attach the affidavit of financial support.</p> <p><input type="checkbox"/> (AS) Adjustment in Status (submitted application for permanent residency)
Submit documentation.</p> | <p><input type="checkbox"/> (TN) Non-citizen - Status Identified
Check this option if you can answer "yes" to all of the following questions:
Did/Will you graduate from an Illinois high school or attain a GED in Illinois? ___Yes ___No

Did/Will you attend school in Illinois for at least 3 years during K-12? ___Yes ___No

Did/Will you live with your parents while you attended school in Illinois? ___Yes ___No</p> <p><input type="checkbox"/> (AY) Asylee (Submit documentation)</p> <p><input type="checkbox"/> (RF) Refugee (Submit documentation)</p> <p><input type="checkbox"/> (PI) Paroled in Public Interest (Submit documentation)</p> <p><input type="checkbox"/> (TZ) Non-citizen - Other
Check this option if other categories do not apply to you.</p> |
|---|--|

11 Are you a resident of the state of Illinois?

Yes No Uncertain

If Yes or Uncertain, indicate your length of residence in Illinois: ___ Years ___ Months

12 Employment Information (current position)

Name of company _____

Address _____

Title _____ From _____ To _____

List additional employment (business and professional) experience you have had in reverse chronological order:

Name and Address of Employer	City and State	Title and Position	From	Month	Year	To	Month	Year
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

13 Race/Ethnic Group

- (1) Native American or Alaskan Native _____ (tribal affiliation)
- (2) Asian or Pacific Islander
- (3) African American, not of Hispanic origin
- (5) White, not of Hispanic origin

Hispanic origin categories

- (4M) Mexican American
- (4P) Puerto Rican
- (4C) Cuban
- (4Z) Other Hispanic _____ (specify)

14 Are you a veteran or on active duty in the U.S. Armed Forces? (Exclusive of Reserves, National Guard, etc.) Yes No

If Yes, indicate dates of service: _____
From Month Year To Month Year

15 Have you EVER ATTENDED any campus of the UNIVERSITY OF ILLINOIS?

Yes No

If Yes, please indicate your dates of attendance after the appropriate campus below.

If you withdrew from the term currently in progress, indicate the date.

_____|_____|_____|_____|_____|_____|
Month Day Year

	Dates of Attendance				Name of Degrees Conferred or Expected	Date Conferred or Expected
	FROM		TO			
	Month	Year	Month	Year		
University of Illinois at Chicago						
University of Illinois at Chicago health professional colleges						
University of Illinois at Springfield						
University of Illinois at Urbana-Champaign						

16 Name ALL OTHER COLLEGES AT WHICH YOU HAVE ENROLLED, regardless of grades and/or hours earned.

An OFFICIAL transcript must be sent from EACH institution attended, even for summer or if no credit was earned. Failure to list ALL SCHOOLS MAY MAKE YOU INELIGIBLE FOR ADMISSION. A decision cannot be made until ALL transcripts have been received.

Begin with most recent college attended Institution	Location—List city and state or country	Dates of Attendance				Name of degree or diploma received or expected	Date received or expected	
		FROM		TO			Month	Year
		Month	Year	Month	Year			
_____	_____							
_____	_____							
_____	_____							
_____	_____							

17 List all graduate-level admission examinations you have taken.

Examination	Date Taken or Scheduled	Score and Percentile			
GRE General		Verbal:	Quantitative:	Analytical:	
GRE Subject		Subject Area 1:	Results:	Subject Area 2:	Results:
TOEFL/MELAB		Total:			
Other		Test:	Results:		

18 Native Language

19 If you are currently a staff member of the University of Illinois, complete the following:
 Academic Support Staff

<i>Position</i>	<i>Starting Date</i>	<i>% Time</i>	<i>Campus</i>	<i>Department</i>	<i>Office Extension</i>
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20 Have you taken the National Boards? Yes No
 If the answer is Yes, please include a copy of your scores from all parts taken.

This certification must be signed and dated by the applicant before action can be taken on this application.

CERTIFICATION: I understand that withholding information, including attendance at any other institution, requested on this application or giving false information may make me ineligible for admission to the University or subject to dismissal. I have carefully read the application instructions and the application. I certify that all the information I have provided is complete and correct. I also agree to pay all reasonable collection costs, including attorney fees and other charges, necessary for the collection of any amount owed to the University that is not paid when due.

Signature _____ Date _____

For Office Use Only		
	Initials	Date
Coder		
Data Services		

Application Fee Validation