

Division of Oral and Maxillofacial Surgery

Application for Oral and Maxillofacial Surgery Externship at the University of Connecticut and Affiliated Hospitals

Please type:

Name: _____

Signature: _____

Present Address: _____

Phone: Home _____

Phone: Office/School _____

Dental School _____

Expected Year of Graduation _____

Please forward all of the following:

- Photocopy of National Dental Board Scores - Part I
- Letter of recommendation from Chief of Oral and Maxillofacial Surgery
- Letter of recommendation from Dean, with class rank
- Photocopy of dental school transcript
- Completed application
- Resume (please include Bachelors Degree information, including GPA)
- A one paragraph essay describing your motivation to participate in an externship.

Your application will not be reviewed until all application materials have been received.

Please send all materials to:

David M. Shafer, D.M.D.

Associate Professor and Residency Program Director

Division Head, Division of Oral and Maxillofacial Surgery

University of Connecticut Health Center

263 Farmington Avenue

Farmington, CT 06030-1720