





List publications and research completed:

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Honors, awards, special recognition while in college or dental school:

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List states in which you are licensed to practice dentistry:

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How do you plan to finance your postgraduate education?

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List the names and addresses of three people to use as references:

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Please describe the professional goals you hope to achieve by pursuing postgraduate study:

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If you wish to make a statement or provide other information that you consider pertinent to your application, please indicate it here:

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I understand that applications are not regarded as “complete” until all supporting papers have been received; therefore, it is in my interest to see that these documents are submitted as promptly as possible. It is also my understanding that official transcripts sent directly from each school attended must be received as soon as possible and at the end of each successive semester or quarter for as long as my application is being considered. Official transcripts showing additional work after acceptance must also be supplied.

I affirm that, if I have claimed to be a legal resident of Colorado in this application, that I am a legal Colorado resident and will, if required by the institution, provide substantiating evidence.

I understand that prior to acceptance into any residency program at University of Colorado, applicants must clear a screening process to ensure they are not listed by a federal agency as excluded, suspended or otherwise ineligible for participation. This includes judgments rendered about federally issued student loans, Medicare, Medicaid and other federal fraud, and for males, the Selective Service System.

I am not currently under charge or have not been convicted of a felony or misdemeanor other than minor traffic violations, or an equivalent charge or conviction in any non-U.S. jurisdiction.

I have not been subject in the U. S. or elsewhere, to disciplinary actions related to professional competence or conduct by any state or other dental licensing board, hospital, health care organization or professional association; such licensure actions to include revocation, suspension, censure, reprimand, probation or surrender.

I certify that the information in this application is complete and correct to the best of my knowledge and belief and that submission of any false information is grounds for rejection of my application, withdrawal of any offer of acceptance, or dismissal after enrollment. I understand that the information supplied in this application is subject to verification.

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Signature of Applicant

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Date Signed

## INFORMATION AND DOCUMENTATION REQUIRED FOR APPLICATION:

- Application for Admission form for the Graduate Periodontics Program. Applications are accepted between March 1st and July 15th each year. Application fee is \$75.00.
- Transcripts: one official transcript in a sealed envelope is required from each college/university attended. If you have attended a non-US college/university, it is required that all international transcripts be evaluated by an accredited foreign credentialing service. Please contact our office for a list of such services, if needed. Official transcripts can now be received via email from your university.
- The GPA/Class Rank form completed by the Office of the Dean of the Dental School you attended.
- National Board Examination scores (official report or certified copy).
- Test of English as a Foreign Language (TOEFL) if international applicant. TOEFL test taken more than two (2) years prior to date of applications will not be accepted.
  - For the TOEFL test you must have a minimum score of 560 for the paper test, 220 for the computer-based test, or 68 for the internet-based test.
- Graduate Record Examination (GRE) scores.
  - Required for all applicants who graduated from a dental school **not** accredited by the Commission on Dental Accreditation.
  - Required for all applicants from schools that do not rank or provide letter grades.
  - GRE scores taken more than 5 years before application date will not be accepted.
- For GRE and IELTS, use #7209 for both the School Code and the Department Code. For TOEFL scores, please use institution code B785.
- Letters of recommendation from 3 individuals addressed to the Director of Graduate Periodontics.
- A brief curriculum vitae.
- A personal statement.
- Applicants who are Permanent Residents of the U.S. must supply a certified copy of both the front and back sides of their federal Green Card. All international students must provide their full legal name as it appears on immigration documents.

***Mailing address for this application, reports, transcripts, recommendations, TOEFL, GRE, and future correspondence regarding this application found below. Preferred method is via email.***

**Via US Postal Service:**

University of Colorado School of Dental Medicine  
Postdoctoral Program in Periodontics  
Mail Stop F-847, Rm 130  
13065 E. 17th Avenue  
Aurora, CO 80045

**Via FED-EX or UPS Delivery:**

University of Colorado School of Dental Medicine  
Postdoctoral Program in Periodontics  
Attn: Kai Decross-Gonzalez  
13065 E. 17th Avenue, Room 130  
Aurora, CO 80045

**APPLICATION DEADLINE: JULY 15<sup>th</sup>**

## Postgraduate Periodontics Program

### CLASS RANK/GPA

(Applicants to Postgraduate Periodontics need to submit this form to the Office of the Associate Dean for Student Affairs from which they graduated or plan to graduate.)

\_\_\_\_\_  
Applicant's Name: (please print)

\_\_\_\_\_  
Dental School

\_\_\_\_\_  
Year of Graduation

\_\_\_\_\_  
Signature, Dean, Dental School

\_\_\_\_\_  
Date

Applicant's Statement:

I authorize the release of requested information to the University of Colorado Anschutz School of Dental Medicine Postgraduate Periodontics.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### Dean's Section

	GPA	Rank in Class	Number of Students in Class
Freshman Year			
Sophomore Year			
Junior Year			
Senior Year			
Cumulative			

Program Director: Dr. Sangeetha Chandrasekaran, BDS, MS, MS  
Diplomate, American Board of Periodontology  
Professor C/T and Chair  
Graduate Program Director, Division of Periodontics  
Department of Diagnostic Sciences and Surgical Dentistry  
University of Colorado Anschutz Medical Campus  
13065 E 17<sup>th</sup> Avenue, Aurora, Colorado 80045  
E: [Sangeetha.chandrasekaran@cuanschutz.edu](mailto:Sangeetha.chandrasekaran@cuanschutz.edu) | P: 303.724.6536

This form should be returned via email to the Program Director