



Application for DENTAL BIOMATERIALS

6-Month Undergraduate Internship Program *(All programs are non-degree seeking)*

Name: _____
Last First Middle/Maiden

Are you a citizen of the U.S.?

Yes No

Non-U.S. Citizens, please provide your citizenship country: _____

Permanent residents of the U.S., please provide your alien registration number: _____

Current Mailing Address:

Permanent Legal Address: (If different from current address)

Street Address Apt. #

Street Address Apt. #

City State ZIP code Country

City State ZIP code Country

Telephone: _____

Permanent Telephone: _____

Email: _____

Permanent Email: _____

Gender: Female Male

Date of Birth: ____ / ____ / ____
Month Day Year

Place of Birth: _____
City, State (and/or) Country

Marital Status: Single Married Other

Number of Dependents: _____

Ethnic Background:

(This information is requested due to federal regulation. This in no way influences your admission decision.)

American Indian or Alaskan Native

Asian or Pacific Islander

Black (Not Hispanic)

Hispanic

White (Not Hispanic)



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What made you interested in getting involved in research, and is there anything specific that sparked your interest?

Please describe your research experience; indicate the nature of the experience and the length of your involvement. Indicate area of specialty, if any:

List any scientific or clinical publications or presentations you have given at scientific meetings or dental societies:

Please provide a description of the types of activities you would like to engage in during your time at the UF College of Dentistry (be specific):

What would you like to accomplish during your time at the University Of Florida College Of Dentistry?

What particular area(s) of interests do you have - for example: research, clinical dentistry, endodontics, etc? Please be as specific as possible.

How do you plan to use the experience you gain at UFCD?



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Payment Method: Self - Pay Loan

Upon acceptance, tuition is \$4,500 and is payable at one time or in two equal installments of \$2,250. All fees and tuition are non-refundable, regardless of program completion. Tuition must be paid in full before your exit date.

If you are choosing to **pay in full**, due immediately with your acceptance is a \$300 processing fee and \$4,500 tuition, non-refundable.

If you are choosing to **pay in installments**, due immediately with your acceptance is a \$300 processing fee and a non-refundable deposit of \$2,250 which must be submitted to the Office of Continuing Dental Education by July 1. The program will follow a semester schedule similar to the university's schedule. The remaining one (1) non-refundable payments of \$2,250 must be submitted to the Department of Continuing Education before October 1.

I certify the information I have recorded to be complete and accurate, and that I have attended, or am attending no institutions other than those listed. I understand that all documents submitted for admissions consideration become the property of the University of Florida and will not be returned to me, nor duplicated for me, for any reason. If I am accepted to the UF College of Dentistry CE Program, my admission is subject to verification of all official records from the institutions. I further acknowledge that the application fee only partially covers the cost of processing my application and that the application fee is non-refundable.

Please type your initials;

your initials will be used as your digital signature

Date

Submit saved PDF and required documents to SADS online submission website (\$50 application fee due immediately upon submission)