



Tufts
UNIVERSITY

School of
Dental Medicine

Tufts University OMFS Externship Application

Background Information

First Name

Last Name

Address

Street Address

Address Line 2

City

State/Province/Region

Postal/Zip Code

Country

Email

Primary Phone Number

- ### -

Secondary Phone Number

- ### -

Educational Background

Dental School

Expected Date of Graduation

MM DD YYYY

Class Rank

1st Year

2nd Year

3rd Year

No Rank, 1st Year

No Rank, 2nd Year

No Rank, 3rd Year

Honors

Honors

Honors

Pass

Pass

Pass

Fail

Fail

Fail

National Board of Dental Examiners Part I, Date of Exam

MM DD YYYY

Part I, Score

Pass

Fail

College/University

Dates of Attendance

From

Through

MM DD YYYY

MM DD YYYY

Degree/Major

G.P.A.

Academic Awards

Preferred Externship Dates

Please submit the following along with your application:

- CV
- Personal Statement
- Transcripts
- Two (2) letters of recommendation
- Malpractice Insurance (only applicable if Hands On)