The Application Process

Individuals applying to the Advanced Dental Technology and Research (ADT), Advanced Digital Prosthodontics and Implant Fellowship, Dental Education Learning and Teaching Academy (D.E.L.T.A.) Fellowship, Dental Sleep Medicine Fellowship, Esthetic and Operative Dentistry Fellowship, Implant Dentistry, Implant Dentistry Fellowship and Master of Science programs must complete the attached Tufts application. The application cycle opens May 14, 2020.

Individuals applying to Advanced Education in General Dentistry (AEGD), Endodontics, General Practice Residency (GPR), Oral and Maxillofacial Surgery, Orthodontics, Pediatric Dentistry, Periodontology and Prosthodontics must utilize the Postdoctoral Application Support Service (PASS) sponsored by the American Dental Education Association (ADEA). Please contact PASS at 617-612-2065, or visit www.adea.org. Individuals intending to apply to several schools are best served by utilizing the common PASS application, which will be accepted at Tufts in lieu of the separate Tufts application. **If applying through PASS, please do not complete the Tufts application in addition to the PASS application.**

**Individuals applying to the Advanced Education in Oral Medicine, Advanced Education in Orofacial Pain or Implant Dentistry programs can utilize either the Tufts Direct or PASS application.**

Please be aware that applicants can submit **no more than** three Tufts Direct applications during one application cycle. If an applicant submits materials for more than three programs, only the first three applications received will be processed. **Any additional applications will not be processed.**

The Office of Admissions processes the applications and facilitates the adherence to administrative policies designed to ensure equity in the treatment of all applicants. The respective department will only review applications when they are complete. **Incomplete applications will not be reviewed.** In addition, interviews are only granted to individuals whose applications have been reviewed by post-graduate faculty.

**Application Requirements**

**Program Deadlines**

Below is a list of program deadlines. The ADT program enrolls students in January and July. All other programs will begin July 2021. Most departments conduct rolling admissions; it is therefore strongly advised to submit your application as early as possible. **Late applications will not be processed without exception.**

*If you are applying through PASS, you must submit **ALL** required materials to PASS by the PASS deadline (please see below for a complete list of requirements). Applications submitted to PASS after the PASS deadline **OR** not completed by the PASS deadline will **NOT** be processed by the Admissions Office.

<table>
<thead>
<tr>
<th>Program</th>
<th>Tufts Direct Deadline</th>
<th>PASS Deadline*</th>
<th>Requires Match?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ad. Ed. In General Dentistry</td>
<td>Does not participate</td>
<td>November 1, 2020</td>
<td>Yes</td>
</tr>
<tr>
<td>Dental Education Learning and Teaching Academy (D.E.L.T.A)</td>
<td>March 1, 2021</td>
<td>Does not participate</td>
<td>No</td>
</tr>
<tr>
<td>Dental Sleep Medicine</td>
<td>February 1, 2021</td>
<td>Does not participate</td>
<td>No</td>
</tr>
<tr>
<td>Endodontics</td>
<td>Does not participate</td>
<td>July 24, 2020</td>
<td>No</td>
</tr>
<tr>
<td>Esthetic and Operative Dentistry</td>
<td>Does not participate</td>
<td>October 1, 2020</td>
<td>No</td>
</tr>
<tr>
<td>Esthetic/ Operative Fellowship</td>
<td>March 1, 2021</td>
<td>Does not participate</td>
<td>No</td>
</tr>
<tr>
<td>General Practice Residency</td>
<td>Does not participate</td>
<td>November 1, 2020</td>
<td>Yes</td>
</tr>
<tr>
<td>Implant Dentistry</td>
<td>February 1, 2021</td>
<td>February 1, 2021</td>
<td>No</td>
</tr>
<tr>
<td>Implant Dentistry Fellowship</td>
<td>March 1, 2021</td>
<td>Does not participate</td>
<td>No</td>
</tr>
<tr>
<td>Master of Science Program</td>
<td>March 1, 2021</td>
<td>Does not participate</td>
<td>No</td>
</tr>
<tr>
<td>Oral/Maxillofacial Surgery</td>
<td>Does not participate</td>
<td>September 1, 2020</td>
<td>Yes</td>
</tr>
<tr>
<td>Oral Medicine</td>
<td>November 1, 2020</td>
<td>November 1, 2020</td>
<td>No</td>
</tr>
<tr>
<td>Orofacial Pain</td>
<td>March 1, 2021</td>
<td>February 1, 2021</td>
<td>No</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>Does not participate</td>
<td>September 15, 2020</td>
<td>Yes</td>
</tr>
<tr>
<td>Pediatric Dentistry</td>
<td>Does not participate</td>
<td>September 1, 2020</td>
<td>Yes</td>
</tr>
<tr>
<td>Periodontology</td>
<td>Does not participate</td>
<td>September 1, 2020</td>
<td>Yes</td>
</tr>
<tr>
<td>Prosthodontics</td>
<td>Does not participate</td>
<td>September 1, 2020</td>
<td>Yes</td>
</tr>
<tr>
<td>Advanced Dental Technology and Research Program</td>
<td>January 2, 2021 for July 2021 start date</td>
<td>Does not participate</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>July 1, 2020 for January 2021 start date</td>
<td></td>
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</tr>
</tbody>
</table>
Individuals applying directly to Tufts must submit the following information:

- A complete application form (enclosed). Please submit it directly to the Office of Admissions. **Do not send materials directly to the department**;
- The DENTPIN is an identification number for applicants and students involved in the US dental education system and standardized testing programs. Please visit [http://www.ada.org/393.aspx](http://www.ada.org/393.aspx) for more details.
- $125 fee (must be paid online, a link to the payment site will be sent via email)
- Official transcripts from all post-secondary education completed prior to enrolling in dental school. The transcripts must be sent in sealed and signed envelopes. If the university awarded you a degree, the degree conferral must be included on the transcript;
- An official dental school transcript. The transcripts must be sent in sealed and signed envelopes. If you have completed your degree, the degree conferral must be included on the transcript. If your university does not post your degree on the transcript, you must submit an official letter from the Registrar’s Office at your dental school that verifies completion of the DMD or DDS degree;
- Three letters of recommendation (in English) from the following individuals – the dean of your dental school, a department chairperson or faculty member, and an additional reference of your choice. The identified individual must hold (or have held) the title associated with his/her name. Have the letters of reference returned to you in sealed and signed envelopes and forward them with your application;
- A copy of your curriculum vitae that includes a list of academic honors, military service with dates (if applicable), membership in dental societies, extracurricular activities while in dental school (including continuing education courses), and any additional activities (including continuing education courses) since completing dental school (if applicable);
- A personal statement. Please address the aspect(s) of the selected postdoctoral program that interest(s) you and your plans after completion of the program.
- If you are a graduate of a US or Canadian dental school, an official copy of your National Dental Board (NDB) Examination, Part I and II results are required. You must also list your results, and the date you took the examination(s), on the designated section of the application form. Please visit [http://www.ada.org/JCNDE.aspx](http://www.ada.org/JCNDE.aspx) to obtain a score report request form. Accepted students who are completing their dental education at a US or Canadian dental school will also be required to submit official National Dental Board (NDB) Examination, Part I upon application and Part II results prior to matriculation. If you are a foreign-trained applicant, you do not need to submit NDB examination results. If you have completed the examination, though, please submit your scores and list your results, and the date you took the examination(s), on the designated section of the application form. **Exception:** All foreign-trained applicants to the Oral and Maxillofacial Surgery program are encouraged to take and submit scores for Parts I and II of the National Dental Board Examination. Those foreign-trained applicants applying to the Endodontics, General Practice Residency, Orthodontics programs and Canadian citizens applying to the Advanced Education in General Dentistry are required to submit scores for Parts I and II of the National Dental Board Examination by the time of matriculation.
- For Master of Science program applicants, an additional essay is required. In 300-500 words an applicant should describe their research experience, the reason they want to pursue the Master of Science in Dental Research and ideas for a research topic. **Please note the Dental Sleep Medicine and Dental Education Learning and Teaching Academy cannot be combined with the Master of Science program.**
- Meet the standards of health established by the university. For protection against hazards of illness or injury and to comply with Massachusetts state law, the student must enroll in the university’s health insurance plan. Waiver of this requirement is possible if the student can demonstrate that comparable insurance coverage has been secured.
- The Office of Admissions at Tufts University School of Dental Medicine reserves the right to request additional information **at any time** to complete an assessment of a candidate’s abilities and capabilities.
If you are a foreign applicant, you must also fulfill the following requirements:

1. Submit an official copy of an academic credentials evaluation (a course-by-course evaluation is required showing the degree earned.) Suggested providers of credentials evaluation are Educational Credential Evaluators – www.ece.org, and World Education Services – www.wes.org;

2. Provide documentation that you have adequate assurance of receiving sufficient funds to meet the normal expenses of life at the university for the expected period of stay, or an agreed part of it, including the cost of transportation home;

3. Demonstrate adequate command of the English language in reading, writing, speaking, and listening comprehension. Evidence of proficiency in the English language can be demonstrated by:

   - Completion of the dental degree at a university in the United States, Canada, Australia, New Zealand, Ireland or the United Kingdom.
   - Minimum overall score of 90 or above achieved on the internet based Test of English as a Foreign Language (TOEFL) (“My Best Scores” are acceptable to complete requirement.)
   - Minimum scores of 7.0 achieved on the Academic format of the International English Language Testing System (IELTS)
   - Applicants to the Dental Education Learning and Teaching Academy (D.E.L.T.A) fellowship must achieve a score of 90 or higher on the TOEFL. There are no individual section minimums.

Both the IELTS and TOEFL must be completed no more than 2 years before the application deadline. IELTS and TOEFL scores more than 2 years old on the date of the application deadline will no longer be valid. The requirement is mandatory, and any decisions made by the postgraduate department or Admissions Office may be rescinded if the required documentation is not provided by the requested date. To have your scores sent to Tufts University School of Dental Medicine use institution code 3902 and department code 38 on the TOEFL registration form. For more information regarding the TOEFL contact: TOEFL Educational Testing Services, Box 6151, Princeton, NJ 08541-6151, or telephone 609-771-7760. You may also visit the website at http://www.ets.org. To have IELTS scores sent to Tufts University School of Dental Medicine please visit the IELTS website http://www.ielts.org/contact_us.aspx

Individuals Applying Through PASS
Please do not complete the Tufts application in addition to the PASS application. Applicants applying to the Advanced Education in Esthetic and Operative Dentistry, Advanced Education in General Dentistry, Endodontics, General Practice Residency, Oral/Maxillofacial Surgery, Orthodontics, Pediatric Dentistry, Periodontology or Prosthodontics must utilize PASS unless specifically permitted by the department to use the Tufts application.

2020-21 Schedule of Fees

The fee schedule below shows the actual costs for the 2019-2020 academic year. Tuition and fees are revised yearly. Figures for the 2020-2021 year will be released in late May 2020. Please anticipate a 5% increase in billed costs per academic year. Instrument and central sterilization costs vary by department or specialty. Accepted students can determine actual costs by consulting the office of the program director or department chair.
Fees for the Certificate Program – 2019-2020 Academic Year

Tuition $81,304
Student health insurance $4,968


Immunization Requirements

The School of Dental Medicine requires all students to complete the required immunizations before matriculation. Please visit Immunizations Requirements for a complete list of requirements from the Student Advisory and Health Administration Office.

Criminal Background Check & Disciplinary History Requirements

All students accepted to Tufts University School of Dental Medicine will be required to submit a completed Dean’s Certification of Disciplinary History form and have a criminal background check completed. More information regarding both processes will be sent to accepted applicants at the time of admission. All offers of admission are contingent upon the Admissions Committee’s favorable review of these items.

Non-Discrimination Statement

Tufts does not discriminate in its educational programs or activities on the basis of race, color, national or ethnic origin, ancestry, age, religion or religious creed, disability or handicap, sex or gender (including pregnancy, sexual harassment and other sexual misconduct including acts of sexual violence such as rape, sexual assault, sexual exploitation and coercion), gender identity and/or expression (including a transgender identity), sexual orientation, military or veteran status, genetic information, or any other characteristic protected under applicable federal, state or local law. Retaliation is also prohibited. Tufts will comply with state and federal laws such as M.G.L. c. 151B, Title IX, Title VI and Title VII of the Civil Rights Act, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination in Employment Act, and other similar laws that prohibit discrimination. More detailed Tufts policies and procedures on this topic may be found in the OEO Policies and Procedures Handbook.

Unlawful discrimination has no place at Tufts University and offends the University’s core values which include a commitment to equal opportunity and inclusion. All Tufts employees, faculty members, students and community members are expected to join with and uphold this commitment.

Any member of the Tufts University community has the right to raise concerns or make a complaint regarding discrimination under this policy without fear of retaliation. Any and all inquiries regarding the application of this statement and related policies may be referred to: Jill Zellmer, MSW, Director of the Office of Equal Opportunity, Title IX and 504 Coordinator, at 617.627.3298 at 196 Boston Avenue, 3rd floor, Medford, MA or at oeo@tufts.edu. Anonymous complaints may also be made by reporting online at: http://tufts-oeo.ethicspoint.com/. As set forth in our policies, individuals may also file complaints with administrative agencies such as the U.S. Department of Education, Office for Civil Rights (“OCR”). The contact information for the local office of OCR is 617.289.0111 at Office for Civil Rights, Boston Office U.S. Department of Education, 8th Floor, 5 Post Office Square, Boston, MA 02109-3921. The email address for OCR is OCR.Boston@ed.gov.

Please note that we also have a separate Non-Discrimination Policy.

Tufts University School of Dental Medicine
Postdoctoral Application Form

Application Deadline – Please submit application by the deadline listed next to the program to which you wish to apply

Please submit application, along with additional information to:
Tufts University School of Dental Medicine/ PG Application
Office of Admissions- DHS 15
1 Kneeland Street
Boston, MA 02111

<table>
<thead>
<tr>
<th>Personal Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Please List Legal Name (as it appears on your passport &amp; other legal documents)</strong></td>
</tr>
<tr>
<td>Last Name (Family Name)</td>
</tr>
<tr>
<td>__________________________</td>
</tr>
</tbody>
</table>

**Other names under which your information may appear**

<table>
<thead>
<tr>
<th>E-mail Address</th>
<th>Daytime Phone Number</th>
<th>Fax Number (if available)</th>
</tr>
</thead>
<tbody>
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<td>__________________________</td>
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<table>
<thead>
<tr>
<th>Mailing Address (no PO Boxes please)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street 1</td>
</tr>
<tr>
<td>______________</td>
</tr>
<tr>
<td>Street 2</td>
</tr>
<tr>
<td>______________</td>
</tr>
<tr>
<td>City / Province</td>
</tr>
<tr>
<td>__________________________</td>
</tr>
<tr>
<td>Phone Number</td>
</tr>
<tr>
<td>__________________________</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Permanent Address (if different from mailing address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street 1</td>
</tr>
<tr>
<td>______________</td>
</tr>
<tr>
<td>Street 2</td>
</tr>
<tr>
<td>______________</td>
</tr>
<tr>
<td>City / Province</td>
</tr>
<tr>
<td>__________________________</td>
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<tr>
<td>Phone Number</td>
</tr>
<tr>
<td>__________________________</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Place of Birth</th>
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<td>__________________________</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Country of Citizenship</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________________</td>
</tr>
</tbody>
</table>

Citizenship (if you are NOT a U.S. Citizen)

[ ] Foreign (I am not an American citizen or Permanent Resident of the U.S.)

Current Visa Status: __________________________

[ ] Permanent Resident of the U.S. (Green Card holder)

Program to which you wish to apply (Please only check one):

[ ] Advanced Dental Technology and Research
[ ] Advanced Digital Prosthodontics and Implant Fellowship
[ ] Dental Education Learning and Teaching Academy Fellowship
[ ] Dental Sleep Medicine Fellowship
[ ] Esthetic and Operative Dentistry Fellowship
[ ] Implant Dentistry
[ ] Implant Dentistry Fellowship
[ ] Master of Science only
[ ] Oral Medicine
[ ] Orofacial Pain

[ ] Certificate only
[ ] Certificate and Master’s Degree

1 If applying to a (1) Certificate Program, please mark your objective below:
Ethnicity*  
[ ] Not Spanish/Hispanic/Latino/Latina  
[ ] Spanish/Hispanic/Latino/Latina (Check all that apply)  
[ ] Cuban  
[ ] Spanish/Spaniard  
[ ] Mexican, Mexican American, Chicano/a  
[ ] Puerto Rican  
[ ] Other  
Please Specify:___________________________

Race  
[ ] Black or African American  
[ ] Native Hawaiian or Other Pacific Islander (Check all that apply)  
[ ] Guamanian or Chamorro  
[ ] Native Hawaiian  
[ ] Samoan  
[ ] Other Pacific Islander  
Please Specify:____________________________________

[ ] White  
[ ] Middle Eastern  
[ ] North African  
[ ] Persian

*Information is being collected in anticipation of the U.S. Department of Education “Final Guidance on Maintaining, Collecting and Reporting Racial and Ethnic Data.” Please see Federal Register, Volume 72, Number 202, pp.59266-59279 for more information.

Test Scores --- Scores Must Be Recorded Here (please have official score reports forwarded to Tufts)  
1) National Dental Board Examination, Part I – Date of Test ______  Score______

2) National Dental Board Examination, Part II – Date of Test ______  Score ______

3) TOEFL – Date of Test: _________  Total Score:_______

4) IELTS – Date of Test: ________ Total Score:_______

Academic Record  
College/University (full name) Location (city, state, country) Degree (date received or expected)
__________________________________________________________________________
Degree Date / month/year
__________________________________________________________________________
Degree Date / month/year
__________________________________________________________________________
Degree Date / month/year

Letters of Recommendation  
Dental School Dean  
Department Chairperson or faculty member  
Additional Reference (eg: specialist in your field of interest)
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

1) Are you financially able to complete the course of study without outside help? Document with supporting letters from sponsoring organizations, if applicable.
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

2) When will you be available for a personal interview?
Background Information (Yes or No Questions: Please explain if you answer yes.)

Have you ever been charged with or have you ever been convicted of a felony or misdemeanor, other than a minor traffic violation? (Yes/No)

Were you ever subject to any disciplinary action by any college, university, or professional school for: (1) unacceptable academic performance (academic probation, suspension, dismissal, etc.) or (2) conduct violations? (Yes/No)

Have you ever been subject to disciplinary action by any professional licensing board? (Yes/No)

Additional Information

Please include the following information with your application:

- $125 application fee (to be paid online). Please note: your file will not be processed without an application fee;
- Official transcripts from all post-secondary education completed prior to dental school (please submit in a sealed and signed envelope). If the institution awarded a degree, the transcript must confer it;
- Official transcript from dental school (please submit in a sealed and signed envelope). If you have completed your degree, the degree conferral must be included on the transcript. If your university does not post your degree on the transcript, you must submit an official letter from the Registrar’s Office at your dental school that verifies completion of the DMD or DDS degree;
- Letters of evaluation (please make sure that they are in envelopes sealed and signed by your references);
- Curriculum Vitae listing academic honors, military service with dates (if applicable), membership in dental societies, extracurricular activities while in dental school (including continuing education courses), and any additional activities (including continuing education courses) since completing dental school (if applicable);
- Personal statement discussing your motivation for enrolling in a postdoctoral program in the United States of America, and the experiences and accomplishments that make you qualified for the program;
- Master of Science applicants must submit 300-500 word essay that describes research experience, the reasons for wanting to pursue the Master of Science in Dental Research and ideas for the research topic;
- Official National Dental Board Examination results (US and Canadian dental students or graduates only; if you are a foreign student, you do not need to submit NDB scores, with the exception that those applying to the Endodontics, General Practice Residency or Orthodontics programs are required to do so.)

- *Due to the current COVID-19 situation we ask that you send scans of official transcripts, course evaluations (if international) and all other components of the application to denadmissionspg@tufts.edu since we are working remotely. Official documents will be required at time of possible matriculation.
If you are unable to submit any of the aforementioned information with your application form, you may send it separately. It may, however, delay review of your application.

I certify that the enclosed information is complete, accurate, and honest. If it is revealed that any of the enclosed information falsely represents me, I am aware that the Admissions Office will rescind any interview, acceptance, and/or waitlist offers. I am aware that once I submit the enclosed information to the Admissions Office, it becomes the property of the Admissions Office and cannot, under any circumstances, be returned to me.

Signature_________________________________________________ Date________________________
Tufts University School of Dental Medicine
Postdoctoral Program Application

Letter of Recommendation – Dental School Dean

Please return to applicant by _____/____/____

month day year

(Applicant: fill in a date that will allow you to complete the application by the program deadline)

Applicant Information (please print or type)

Name_______________________________________ DENTPIN (if applicable) ______________________

Name of Reference__________________________________________

Title_____________________________________________________

The Family Educational Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are permitted to waive their right of access to recommendations. The following statement indicates the wish of the applicant regarding this recommendation.

This waiver is not required as a condition for admission to or receipt of financial aid or any other services and benefits from Tufts University. It is Tufts University policy that all letters of recommendation be used for the admissions process only and will be disposed of after they have served this purpose.

I waive_____ I do not waive_____ my right to inspect the contents of the following recommendation.

Signature______________________________________________________ Date________________________

To the referee: Thank you for agreeing to submit a letter on behalf of the aforementioned applicant for postdoctoral study at Tufts University School of Dental Medicine. Please comment, in English, on the applicant's academic abilities, personal and professional maturity, and motivation for and commitment to postdoctoral study at Tufts. Also, please indicate your relationship to the applicant. You are encouraged to include any additional information that will help the Admissions Committee evaluate the applicant. If you write a personal letter, please attach it to this form.

Signature______________________________________________________ Date________________________

Institution and address___________________________________________________________________________

Please return to applicant in a sealed and signed envelope by the date indicated at the top of the form.
Letter of Recommendation – Department Chair/Faculty Member

Please return to applicant by _____/____/____

month day year

(Applicant: fill in a date that will allow you to complete the application by the program deadline)

Applicant Information (please print or type)

Name_________________________________________ DENTPIN (if applicable)____________________

Name of Reference__________________________________________

Title_____________________________________________________

The Family Educational Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are permitted to waive their right of access to recommendations. The following statement indicates the wish of the applicant regarding this recommendation.

I waive_____ I do not waive_____ my right to inspect the contents of the following recommendation.

Signature____________________________________________________

Date________________________

To the referee: Thank you for agreeing to submit a letter on behalf of the aforementioned applicant for postdoctoral study at Tufts University School of Dental Medicine. Please comment, in English, on the applicant’s academic abilities, personal and professional maturity, and motivation for and commitment to postdoctoral study at Tufts. Also, please indicate your relationship to the applicant. You are encouraged to include any additional information that will help the Admissions Committee evaluate the applicant. If you write a personal letter, please attach it to this form.

Signature____________________________________________________

Date________________________

Institution and address___________________________________________________________________________

Please return to applicant in a sealed and signed envelope by the date indicated at the top of the form.
Tufts University School of Dental Medicine  
Postdoctoral Program Application

Letter of Recommendation – Additional Reference

Please return to applicant by _____/_____/_____  
month day year  
(Applicant: fill in a date that will allow you to complete the application by the program deadline)

Applicant Information (please print or type)

Name_______________________________________  DENTPIN (if applicable) ____________________

Name of Reference___________________________________________

Title________________________________________________________

The Family Educational Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are permitted to waive their right of access to recommendations. The following statement indicates the wish of the applicant regarding this recommendation.

I waive_____  I do not waive_____ my right to inspect the contents of the following recommendation.

Signature____________________________________________________  Date________________________

To the referee: Thank you for agreeing to submit a letter on behalf of the aforementioned applicant for postdoctoral study at Tufts University School of Dental Medicine. Please comment, in English, on the applicant’s academic abilities, personal and professional maturity, and motivation for and commitment to postdoctoral study at Tufts. Also, please indicate your relationship to the applicant. You are encouraged to include any additional information that will help the Admissions Committee evaluate the applicant. If you write a personal letter, please attach it to this form.

Signature____________________________________________________  Date________________________

Institution and address___________________________________________________________________________

Please return to applicant in a sealed and signed envelope by the date indicated at the top of the form.