



**College of Dentistry
and Dental Clinics**

**Department of Preventive
and Community Dentistry**

329 Dental Science N
Iowa City, Iowa 52242-1010
319-335-7184 Fax 319-335-7187

VISITING SCHOLAR PROGRAM APPLICATION
GERIATRIC & SPECIAL NEEDS DENTISTRY

Full Name:
Surname First Middle

Address:
Street
City, State
Zip Code

Country:

Telephone:

Mobile:

Email:

Birthdate (mm/dd/yyyy):

Country of legal permanent residence:

Citizenship (if other than country of residence):

Desired date of arrival: Is this date flexible? Yes No

Dental School Attended:

Dental Degree Awarded:

Date Dental Degree Awarded:

Dental Specialty:

Dental Specialty School Attended:

Date Dental Specialty Certificate / Degree Awarded:

Your signature below will serve as your certification that all the information given in this application is true and correct to the best of your knowledge.

App

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Statement of Purpose (*your statement must include a description as to why you want to participate in the program; what you hope to accomplish while you are here; and how you think this training might help you in your chosen career path*)

Applicant Signature: Date:

VISITING SCHOLAR PROGRAM ACCEPTANCE FORM:
GERIATRIC & SPECIAL NEEDS DENTISTRY
(for internal use only)

Applicant:
Surname First Middle

University faculty sponsor (if any):

Telephone: Fax:

Email:

Program Length: 1 week
 2 weeks
 3 weeks
 4 weeks

Requested start date:

Requested end date:

Are you interested in taking the Intensive English Language Program? Yes No

Confirmed Acceptance: Yes No

Faculty sponsor's signature: Date: