

**THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
SCHOOL OF DENTISTRY
APPLICATION FOR OBSERVATIONAL VISITING STUDENT PROGRAM**

Special Notice: Please limit responses to space provided. PLEASE COMPLETE ALL PAGES OF THIS APPLICATION. v.02122010

Name:		Preferred First Name:	
Email:			
Age:	Birth Date:	Desired externship days at UNC:	
Permanent Home Address:			
Current Mailing Address:			
Legal Residency:			
Ethnic Identification: <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> Caucasian, not Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Emergency Contact Person:			Relationship:
Address:			
Phone Number:			

Undergraduate School	Date Attended	Degree Received
Dental School	Date Attended	Degree Received
Advanced Dental Education	Date Attended	Degree Received
Present dental school enrollment grade/level:		Class of:

Please give your reasons for wanting to visit the UNC School of Dentistry:

Indicate your plans following dental training: Private Practice Teaching Military
 Public Health Specialty Training Research
 Other: _____

