

**The University of Michigan  
School of Dentistry  
Postdoctoral Scholar Program**

**APPLICATION FOR ADMISSION**



PLEASE PRINT OR TYPE

**Section I. PERSONAL INFORMATION:** Spell exactly as is in the passport. You may also use the US visa stamp page

Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Occupation in Country of Permanent Residence: Title: \_\_\_\_\_

Place of Work: Institution/organization: \_\_\_\_\_

Check all Levels of Education **Completed:**  Bachelors  Masters  Doctorate (Ph.D) ? M.D.

US Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Current Home Phone: \_\_\_\_\_ Fax \_\_\_\_\_ Office Phone: \_\_\_\_\_

Home Country Permanent Address (if different) \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_ Spouse's Email Address: \_\_\_\_\_

**Section II: IMMIGRATION STATUS HISTORY**

Complete the chart below excluding periods you spent as a tourist. Include past and present dates only.

<i>Issuing Institution</i> (College or Business not Embassy)	<i>Visa Type</i> (F-1, J-1 or other)	<i>Category</i> (see section 4 of IAP)	<i>From</i> (MM/DD/YYYY)	<i>To</i> (MM/DD/YYYY)



**Section IV. SOURCES OF FINANCIAL SUPPORT FOR ENTIRE PERIOD OF DS-2019**

- \_\_\_ U.S. Government Agency(cies) (Specify: \_\_\_\_\_) \$ \_\_\_\_\_
- \_\_\_ Exchange Visitor's Home Government Visitor Program \$ \_\_\_\_\_
- \_\_\_ International Organization(s) (Specify: \_\_\_\_\_) \$ \_\_\_\_\_
- \_\_\_ Other Organizations (Specify: \_\_\_\_\_) \$ \_\_\_\_\_
- \_\_\_ Personal Funds (Attach funding documentation) \$ \_\_\_\_\_

If you are **not** being funded by the University of Michigan, it is necessary to provide a **letter of award** or a **bank statement** (if you will be supported by personal funds).

**If funding is NOT from a University of Michigan source:** In addition to listing the sources of funding, it is necessary to attach the letter of award and/or Exchange Visitor's personal bank statement to show that the department has verified sufficient funding for the visitor's entire program. Please note: On-line banking statements will not be accepted. All documents **MUST** be translated into **English** or your processing will be delayed.

**Section V. MANDATORY HEALTH INSURANCE POLICY**

Exchange Visitors and accompanying dependents **must** have health insurance coverage meeting the University of Michigan standards. Insurance benefits for each dependent must be equal to the Exchange Visitor. You **must** come to the International Center to enroll in the **International Student and Scholar Health Insurance Plan or to receive a waiver** if you are able to show proof of **comparable** health insurance coverage. The cost for health insurance (for 2003-2004) is \$48.00/month for single coverage, \$197.00/month for you and one dependent and \$345.00/month for you and more than one dependent.

If you have comparable health insurance coverage from your home country, it is possible to **waive** this requirement by bringing a copy of the policy to the International Center to be reviewed. For more details about the standards for granting a waiver, refer to the letter which will accompany the Form DS-2019 (IAP-66). You may also contact a Health Insurance Coordinator at the U-M International Center by email at [international-insurance@umich.edu](mailto:international-insurance@umich.edu), by fax at (734) 647-2181, or by telephone at (734) 647-2303 for more details regarding these insurance requirements.

**Section VI. TWO-YEAR HOME PHYSICAL PRESENCE REQUIREMENT (212(e) - HPPR)**

Under specific circumstances, Exchange Visitors may become subject to a "Two-year home physical presence requirement." This means that when an Exchange Visitor completes his/her J-1 program, he/she is expected to return to his/her country for 2 years **or** obtain a waiver of this requirement, before he/she can change status to H-1B, L-1 or Permanent Resident.

**Section VII. ENGLISH LANGUAGE**

What is your native language? \_\_\_\_\_

If your native language is not English, it will be necessary for you to take the TOEFL (Test of English as a Foreign Language). Your score for TOEFL must meet the minimal requirements:

- paper and pencil TOEFL test <600 or any part score <60
- computer – based TOEFL test <250 or any part score <25

**Section VIII. STATEMENT OF PURPOSE**

Outline your reasons for enrolling in the Postdoctoral Scholar Program. Include your professional and research interests, as well as your career expectations and what you expect to gain from this program. You may type your Statement of Purpose on a separate sheet. Remember to sign your name and attach it to your application.

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How did you hear about our program? Please give details, where and when.

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**Section IX. PROPOSED TERM OF ENROLLMENT**

Term of proposed enrollment (check one): Fall 2006 \_\_\_\_\_ Fall 2007 \_\_\_\_\_ Fall 2008 \_\_\_\_\_

I hereby certify, that I have read all of the instructions and that I have answered all of the questions completely and truthfully, I understand that misrepresentation of any portion of this application, including supporting credentials and documents, may be cause for cancellation of my admission. I also understand that all credentials and documents that I submit become the property of the School of Dentistry

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Mail the completed application and academic credentials to:

**The University of Michigan  
School of Dentistry  
Office of Alumni Relations & CDE  
1011 N. University Avenue, Rm 1212  
Ann Arbor, Michigan 48109-1078 USA  
ATTN: Ms. Deborah L. Montague**