



EXTERNSHIP/NON-EXTERNSHIP VISIT APPLICATION

Name: _____

Email: _____

Educational Status

_____ Dental student at a dental school in the United States or Canada

Name of school: _____

City and State/Province: _____

Expected graduation date: _____

Will this be a formal externship? _____ Yes _____ No

Are you applying for a travel grant? _____ Yes _____ No

_____ Dental student at a dental school outside of the United States and Canada

Name of school: _____

City and Country: _____

Expected graduation date: _____

_____ Dental school graduate

Name of school: _____

City and State or Country: _____

Year of Graduation: _____

Are you in dental practice? _____ Yes _____ No

Are you enrolled in a graduate program? _____ Yes _____ No

If you are not a current dental student, please answer the following.

Are you currently enrolled in a US college or university? _____ Yes _____ No

Name of school: _____

City and State: _____

Degree or program: _____

Citizenship/Visa Status

_____ US Citizen _____ US Permanent Resident _____ Neither

If neither: Do you already have a visa to enter the United States? _____ Yes _____ No

Length of visit requested: _____ Days

Preferred Dates: 1. _____

2. _____

3. _____