



2018 Postdoctoral Programs Acceptance Confirmation

Congratulations on your admission into the Henry M. Goldman School of Dental Medicine!

To confirm your intention to enroll, submit these materials to Postdoctoral Admissions by your confirmation deadline:

- **Acceptance Confirmation** (print and complete this form)
- **Deposit Check or Money Order:** non-refundable \$3,000 tuition deposit payable to Boston University in U.S. dollars.
Please write your name in the memo area of the check, and also note the department of your postdoctoral program.
Applicants offered a tuition scholarship (OMFS residency) do not submit a tuition deposit.
- **A photocopy of the information page of your passport (*International Students*)**
To comply with immigration regulations, your name in your BU student record must be recorded *exactly* as it appears on your passport.

✎ Submit the documents listed below to GSDM Postdoctoral Admissions as soon as possible; these materials must be received prior to matriculation to demonstrate your eligibility and complete your official student record.

✎ A background check is required for all enrollees; you will receive emailed instructions from Certiphi.

✎ Your program department may also request official documents such as official transcripts or TOEFL reports for limited license application; materials submitted to the program are in addition to the Admissions requirements.

✎ Some departments require students to obtain a US Social Security Number before the start of the program.

Submit official, original paper documents

- Official dental school academic transcript indicating the date your dental degree was conferred
- Diploma copy is also required if your transcript does not indicate the date your dental degree was conferred
- Official academic transcripts for undergraduate degree/s (for those educated in the US and Canada)
- Official academic transcripts for advanced degree/s
- Official ECE or WES detailed course-by-course transcript evaluation (for degrees earned outside the US and Canada)
- Official NBDE results (Passage of NBDE Part I required for US-educated students)
- Official TOEFL (international students, except US Permanent Residents, Canadians and students with a US degree)
TOEFL requirement: iBT 90 total score. TOEFL institution code 3081, department code 38.

International students must submit materials to obtain I-20 document necessary for the visa application

Refer to www.bu.edu/isso and <http://www.bu.edu/dental/admissions/accepted-applicants/international/>

- International Student Data Form
- Financial documentation as defined in the International Student Data Form
- Copy of your passport information page with full name, photo and passport expiration date
- Copies of any prior immigration documents, including all prior I-20s, I-94 and visas

Country of citizenship _____ US Citizen US Permanent Resident

Date of Birth _____ mm/dd/yyyy Sex Female Male Marital Status Single Married

Your printed name *exactly as it appears on your passport*:

Last name (Family/Surname) _____ First name _____ Middle name _____

Permanent address in country of citizenship, if not US citizen (address cannot be a Post Office box)

USA address, if USA citizen, US Permanent Resident, or currently residing in the USA _____ valid until (date) _____

Telephone: mobile _____ Telephone: USA _____ Telephone: international _____

Email _____ PASS # _____ DENTPIN _____

USA Social Security Number _____ USA Social Security Number not assigned

Prior enrollment at Boston University No Yes: BU identification number _____

I am enrolling in the following program as specified in my offer of admission (include degree/certificate 2 if applicable):

Specialty 1 _____ Degree/Certificate 1 _____ total minimum months _____

Specialty 2 _____ Degree/Certificate 2 _____ Acceptance code _____

I accept the offer of admission to the postdoctoral program at Henry M. Goldman School of Dental Medicine as specified in my offer letter, and enclose a non-refundable tuition deposit check in the amount of \$3,000.

signature _____ date _____

Note: Applicants admitted into a program with a tuition scholarship (e.g., OMFS) do not submit a tuition deposit;

if a deposit is NOT enclosed indicate by placing a tick mark in the box:

2018 Postdoctoral Programs
If you decline the offer of admission...

Failure to submit written acceptance of the offer of enrollment and the tuition deposit by the deadline stated in your admissions letter will result in your declining enrollment by default.

To confirm that you decline the offer of enrollment in the Boston University Henry M. Goldman School of Dental Medicine for Fall 2018 (to begin in July 2018), please complete the form below and return this page to:

Boston University Henry M. Goldman School of Dental Medicine
Postdoctoral Admissions
100 East Newton Street, G 305
Boston MA 02118 USA

Please be aware that a **request to defer admission** for one year is different from declining the offer of admission. Postgraduate programs' policies on deferral of admission vary by department; contact the Postdoctoral Admissions Manager at postadm@bu.edu.

To decline the offer of enrollment, complete and submit this form:

I decline the offer of admission for Fall 2018 for the Boston University Henry M. Goldman School of Dental Medicine program indicated below. I understand that if I wish to enroll in the future, I will need to submit a new application for the appropriate program.

Printed Name _____
Last (Family/Surname) First Middle

PASS # _____

Specialty _____ Degree/Certificate _____

Signature _____ Date _____

Please check the relevant box and briefly explain your reason for declining the offer of admission in the space below.

Enrolling in another program:

Program _____

Location _____

Financial

Other/personal

Reason for declining the offer of admission: