



**SAINT LOUIS
UNIVERSITY™
ORTHODONTICS**

**Saint Louis University
International Advanced Orthodontic Fellowship Program**

APPLICATION FORM

I. Personal Information

Full Name:

Date of Birth (MM/DD/YYYY):

Gender: ☐ Male ☐ Female ☐ Other

Country of Citizenship:

Passport Number: _____ Expiration Date: _____

Email Address:

Phone Number (with country code):

Current Address:

II. Education

Dental Degree

University Name:

Country:

Degree Earned (e.g., DDS, DMD, BDS):

Dates Attended: _____ to _____

Orthodontic Specialty Training

Institution Name:

Country:

Degree/Certificate Earned:

Dates Attended: _____ to _____

Other Graduate or Professional Education (if applicable)

Institution:

Degree:

Year:

III. Professional Experience

Current Position/Title:

Institution/Clinic:

Years in Orthodontic Practice:

Areas of Clinical Interests:

Have you published any research articles?

☐ Yes ☐ No (If yes, please attach a list or include citations.)

IV. Fellowship Goals

1. Why do you want to join this Fellowship Program? (Max 250 words)

2. What are your career goals after completing the program? (Max 200 words)

V. Required Supporting Documents (Attach the following)

- ☐ Curriculum Vitae (CV)
- ☐ Personal Statement
- ☐ Two Letters of Recommendation
- ☐ Copy of Dental and Orthodontic Diplomas (with English translation if needed)
- ☐ Passport Copy
- ☐ Recent Passport-sized Photo
- ☐ Statement of Clinical Interests, Proposed Lecture Topics, and a Research Project Proposal

VI. Signature

I certify that all the information provided in this application is true and complete to the best of my knowledge.

I understand that any misrepresentation may result in the denial or termination of the fellowship.

Signature: _____

Date: _____