



HARVARD

School of Dental Medicine

Oral Medicine and Oral Oncology Fellowship Application Requirements

Deadline for Application: April 1, 2019

Fill out HSDM [Application](#):

- Personal statement
- CV
- Dental transcript (Sent to address listed below)
- College transcript (Sent to address listed below)
- Transcript evaluation (If applicable)
- Professional (Faculty) Evaluation 1
- Professional (Faculty) Evaluation 2
- Institutional Evaluation

Submitted to HSDM

- HSDM supplemental application
- Official NBDE Part I & II scores (if applicable)
- Official TOEFL scores
- \$80 Application fee
- Official NBDE transcripts can be submitted to age_admissions@hsdm.harvard.edu
- \$80 Application fee can be made payable by check or money order to Harvard School of Dental Medicine
- HSDM Application must be filled out and emailed to age_admissions@hsdm.harvard.edu
- Letters of Recommendations can be mailed to the address listed below.
- Address to send materials to:

Harvard School of Dental Medicine
AGE Admissions
188 Longwood Avenue
Boston, MA 02115