



HARVARD

School of Dental Medicine

Advanced Graduate Education (AGE) Application 2025

Implant Dentistry Part-Time Certificate Only

Personal Information

Full Legal Name

Last *First* *Middle*

Preferred First Name

Male Female

Date of Birth (mm/dd/yyyy)

Dentpin

Citizenship Status (Check all that apply)

US Citizen US Permanent Resident Not a US Citizen Applying for US Citizenship

Visa Type

Country of Citizenship

Contact Information (Best method of communication)

Address Valid until (date)

City State Zip Code

Country E-mail

Home Phone Cell Phone

Additional Contact Information

Harvard School of Dental Medicine
Advanced Graduate Education
HSDM Application 2025
Implant Dentistry
Infractions

Academic

Academic Performance Violation: Yes: No:
Academic Conduct Violation: Yes: No:

Licenses

Certification, Registration, License or Clinical
Privileges Revoked/Suspended:
Yes: No:

If you answered yes to one of the questions above, please explain:

Academic History

Colleges/Universities Attended

Dates of Attendance

Degree Earned

Dental School Attended

Postgraduate Programs Attended

Research Experience

(If Applicable)

Name of Investigator

Location

Describe your work

Name of Investigator

Location

Describe your work

Name of Investigator

Location

Describe your work

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Statement of Intent

Please explain your reasons for applying to this program. Essay is limited to 650 words.

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Payment

Non-Refundable Application Fee \$95.00 (US Dollars) can be [paid here](#).

Certification

I certify that the information provided by me on this application and the documents I submit in support of my application is true and correct to the best of my knowledge. I understand that any false information, misrepresentation or omission of information may result in denial of admission, or if admitted, dismissal from the Harvard School of Dental Medicine.

Print name: Signature Date

SUBMIT this application and any accompanying documents VIA EMAIL

TO: age_admissions@hsdm.harvard.edu

SUBJECT: Implant Dentistry