



HARVARD

School of Dental Medicine

Advanced Graduate Education (AGE) Application 2026-2027

Online MSc in Dental Education

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 Visa Type

Not a US Citizen Applying for US Citizenship

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

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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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Part-time or Full-time

Are you applying to enroll or full-time?

Part-time (2 years)

Full-time (1 year)

Personal Statement

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

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Supplemental Essay

In addition to the personal statement, HSDM requires a supplemental essay (maximum 3,000 characters, including spaces) responding to the following prompt: “Tell us about a time when you engaged in a difficult conversation with someone whose perspective differed from your own. Were you able to find common ground? If so, how? If not, what were the primary barriers?”

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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: Dental Education