



Universidad De La Salle Bajío
Facultad de Odontología
Programa Internacional de Odontología (CIRO)
Solicitud de Admisión



Fill the application with a typewriter or by legible handwriting.

1. Last Name _____ Middle _____

Name _____

2. Current address: (Street, in/outside number)

Zip Code: _____ City: _____

State: _____ Country: _____

3. Current Phone Number (_____) _____ Cell phone Number (_____) _____

Fax Number (_____) _____ E-mail _____

4. Gender: _____ male _____ female

5. Civil status: single _____ married _____ divorced _____ widow _____ other _____

6. Date of birth (mm/dd/yyyy) _____ Age _____

7. Place of birth (city and country) _____

8. Nationality: _____

9. Migration status in USA: _____

10. Professional academic history, write only graduate and postgraduate professional studies (if needed use the attached page):

Institution	City, Country	Course	Beginning (month-year)	Ending (month-year)	Title obtained

11. First Language: _____

12. Spanish: Read _____ Speak _____ Write _____

Other language (specify): Read _____ Speak _____ Write _____

Other language (specify): Read _____ Speak _____ Write _____



13. Write the dates and scores of the following examinations:

TOEFL (computer based test) date (mm/dd/yy) _____ **score** _____

National Board Dental Examination, Part I date (mm/dd/yy) _____ **score** _____

National Board Dental Examination, Part II date (mm/dd/yy) _____ **score** _____

15. How did you find out about this program?

Date _____

Name and signature

