



**McGill**

Faculty of  
Dental Medicine and  
Oral Health Sciences

Faculté de  
médecine dentaire et des  
sciences de la santé orale

# Forensic Dentistry Course Application Form 2024-25

## MODULES 1, 2, 3, 4

**NAME:**

\_\_\_\_\_  
Surname First Middle name

**MAILING ADDRESS:**

\_\_\_\_\_  
Number and Street Apt. \_\_\_\_\_

\_\_\_\_\_  
City Province/State Country Postal Code

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**PERMANENT ADDRESS:** (if same as mailing address, check here)

\_\_\_\_\_  
Number and Street Apt. \_\_\_\_\_

\_\_\_\_\_  
City Province/State Country Postal Code

Telephone Number: Day \_\_\_\_\_ Evening \_\_\_\_\_

**COUNTRY OF CITIZENSHIP** \_\_\_\_\_

**DENTAL SCHOOL** \_\_\_\_\_

Degree(s) \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Post-graduate Experience \_\_\_\_\_

\_\_\_\_\_





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## ADMINISTRATIVE POLICY

The application deadline for all Modules is July 2 , 2024. Acceptance in the program will be announced by no later than July 31, 2024. The faculty reserves the right to accept applications (or not) after the application deadline.

Applications will be evaluated after the non-refundable application fee of (\$200) has been paid online at this link: <https://cvent.me/olaZVN>

The 1st semester fee of \$11,000.00 (Modules 1, 2 and 3) is due by **August 1, 2024**.

The 2nd semester fee of \$8,000.00 (Module 4) is due by **December 1, 2024**.

## REFUND POLICY

For any cancellation made between the payment due dates and the cancellation deadlines (see below), 90% of the registration fee will be reimbursed. Any refund given will be based on the semester fee.

- The deadline for cancelling your participation for semester 1 (Modules 1, 2 and 3) is **August 1, 2024**, after which date no refund will be given.
- The deadline for cancelling participation for semester 2 (Module 4) is **December 31, 2024**, after which date no refund will be given.

## COURSE RESTRICTIONS

McGill University, the Faculty of Dental Medicine and Oral Health Sciences, and the Course Director reserve the right to limit the number of Modules offered in any given year, to cancel a Module, and to restrict the number of registrants in any given Module.

## CONFIRMATION

I have a working knowledge of Photoshop / Creative Cloud (Adobe Systems Inc).

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please note that there is a minimum of 15 hours per week of course work for modules 1 to 4. Participants must ensure that they have freed sufficient time in their schedule for the weekly readings, assignments, and chat.

# Forensic Dentistry Course

## *Autobiographical letter of application*

LEGAL NAME OF APPLICANT \_\_\_\_\_

The autobiographical letter must be written by the applicant. The applicant must comply with the following instructions to ensure consideration of the autobiographical letter. It can be up to three pages in length but no longer. The text must be double spaced in "letter" format with one-inch margins in normal lowercase, Times New Roman font, 10 pitch and included in your attachments with your application.

Letters that fail to meet the above criteria will be discarded. The autobiographical application should contain information regarding the applicant's reason(s) for taking the forensic dentistry course. Former forensic education, knowledge, association, or experience should be mentioned.