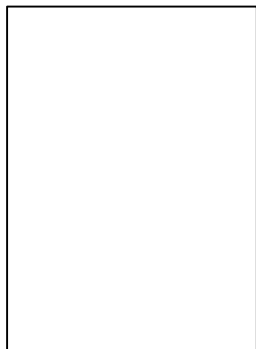




Department of Orthodontics המחלקה לאורתודונטיה

APPLICATION FORM FOR
INTERNATIONAL POSTGRADUATE ORTHODONTIC PROGRAM



Please attach photograph

ALL INFORMATION ON THE APPLICATION FORM MUST BE TYPED OR PRINTED

Personal

Name

Last _____ Middle _____ First _____

Address

Street _____ Number _____

City _____ Country _____ Zip Code _____

Tel: (home) _____ Mobile phone _____

Fax (home) _____ Fax (other) _____

E-mail _____

Date of Birth: D ____/M ____/Y _____ Gender: M ____ F ____

Country of Birth _____ Nationality _____

Country of residence _____ Foreign Passport No. _____

Israel Passport No. _____ Israel I.D. No. _____

Married _____ Single _____ Name of Spouse _____

No. of children: _____ ages ____/____/____/____



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Father's Occupation _____

Mother's Occupation _____

Parents Address _____

Parents Tel. _____ Parents Fax _____

Parents E-mail _____

Address for correspondence _____

Financial Support: %

Self _____ Scholarship Aid _____ Other Sources _____

English Proficiency

	FLUENT	COMPETENCY
READING		
SPEAKING		



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Education

	NAME OF SCHOOL	COUNTRY	FROM – TO (YEAR)	GRADUATION (YEAR)	DEGREE
Pre-Dental					
Dental					
Post - Dental					

Undergraduate Dental Studies

	Average grade	Rank in class (e.g. 3rd out of 24)
First year		
Second year		
Third year		
Fourth year		
Fifth year		
Sixth year		

License to practice dentistry

(IF YOU HAVE A LICENSE FOR MORE THAN ONE COUNTRY PLEASE INDICATE)

No. _____ COUNTRY ISSUED _____

DATE ISSUED D____/M____/Y_____

No. _____ COUNTRY ISSUED _____

DATE ISSUED D____/M____/Y_____

ISRAEL LICENSE NO. _____

Date issued D____/M____/Y_____



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Awards & Honors

Publications

PROFESSIONAL EXPERIENCE AFTER DENTAL SCHOOL GRADUATION

Extra – curricular activities (sport hobbies)



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What are your plans after completion of orthodontic education?

To complete your application:

1. Please forward a **notarized English translation** of the requested documents (a., b., c.) to "The Maurice and Gabriela Goldschleger School of Dental Medicine":
 - a. **Dental school records** – including class standing
 - b. **Dental school diploma**
 - c. **License to practice dentistry**
2. Please forward **3 letters of recommendation** (2 from senior faculty members).
3. Please forward a **general health record**, signed by your local physician who should indicate that you are in sound physical and mental health. He/ She should specifically state that you do not suffer from and have never suffered from tuberculosis, Hepatitis B, AIDS, or any other infectious disease and that you are not a carrier. Please note that you must also include your **vaccination and inoculation** record.
4. Please enclose your **application fee of Euro 150**, payable to: Department of Orthodontics, Tel Aviv University



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General Information

1. The duration of the program at the Department of Orthodontics is three and half calendar years (50 weeks per year, 40 hours per week).
2. The total tuition fee for the residency program is NIS 542,500, Tuition is 155,000 NIS per year (this includes tuition fee for the Diploma in Orthodontics)
3. Accepted students will need to purchase orthodontic instruments (incl. a laptop, a camera, etc.), required for the residency. These will need to be purchased prior to beginning the program. You will receive further details in due time. All equipment purchased by the candidates is her/ his personal property and she/ he will keep the equipment upon completion of her/ his studies.
4. Applicants must fulfill all registration requirements, including necessary documents, confirmations and diplomas between 01.08.25 and 31.12.25.
5. Invited in-person interviews will take place during January 2026. Make sure to schedule your interview in advance.
6. The program is due to start during April 2026.
7. A master in dental science can be earned simultaneously and involves additional requirements and tuition

****personal health insurance is not included and must be arranged by the resident**

I hereby declare that the information provided above is accurate.

Signature: _____

Date: D____/M____/Y_____

Your application form and enclosures should be mailed by courier to

The Department of Orthodontics
The Maurice and Gabriela Goldschleger
School of Dental Medicine - Tel Aviv University
Klatchkin 4
Tel Aviv 61390
Israel