



Graduate Periodontics Program

Dean's Letter

To be completed by Applicant:

Dr. _____, who graduated in Dentistry from _____ in _____ is applying to the Graduate Periodontics Program, University of Manitoba.

To be completed by Dean:

Please provide the following information directly to the Faculty of Graduate Studies at the following address:

***Faculty of Graduate Studies
 University of Manitoba
 Winnipeg, MB R3T 2N2***

I. The applicant's class standing (rank) in each year of the program:

II. Awards received:

III. Other pertinent information:

 Name of Dean

 University

 Signature of Dean