



The following must be submitted by mail by (or before) October 31:

- A completed application form along with a \$25 application fee (payable to: Associated Hospital Dentists)
- Letter of Intent
- Curriculum Vitae
- Official transcripts (not required by current UM students)
- Two signed and sealed letters of reference

National Match #

Personal information				
Surname		First Name	Email (communications will be sent to this address)	
Address		City	Province	Postal Code

UM students only	
UM student number	Date of birth (MM/DD/YYYY)

Submission
Submit to: General Practice Residency Graduate programs Dr. Gerald Niznick College of Dentistry Room D113 Dental Building 790 Bannatyne Avenue University of Manitoba Winnipeg, MB R3E 0W2