

Return your completed application to:

Dr. Sandra J. Flash, Executive Director
Academic and Student Affairs
School of Dental Medicine
315 Squire Hall

Completed Applications Due:

Friday, December 6, 2013

Admissions Decisions Via E-mail:

Friday, December 20, 2013

Confirmation of Participation &
\$200 Non-Refundable Deposit Due:

Friday, January 10, 2014

Application for *(please print neatly)*:

Name: _____
Last First Middle Initial

UB Person Number: _____ UB E-mail: _____@buffalo.edu

CIRCLE ONE: Class of 2014 Class of 2015 Class of 2016 CIRCLE ONE: I am a BOCA Member YES NO

BOCA Program Preferences:

Please RANK ORDER your programs of preference. Preference for program placement will be given to BOCA Members in the following order: 4th year students; third year students. Non-members may be selected if space permits.

Please Note: There are NO excused absences from clinic, lecture or rotation responsibilities for participation in BOCA. It is the responsibility of the student to contact supervising faculty BEFORE departure to assure that SDM obligations are met.



*If you want to participate in **TWO** programs, check here and rank your programs in order of preference (1,2,3...)*

_____ **SPRING RECESS Puerto Plata, Dominican Republic, approx March 15-22**
(3rd & 4th year ONLY), 20 students

_____ **SPRING RECESS Santo Domingo, Dominican Republic, approx March 15-22**
(3rd & 4th year ONLY), 6 students

_____ **SUMMER San Francisco de Macoris, Dominican Republic, approx.. June 21 – 29**
(new 3rd & new 4th yr ONLY), 20 students

_____ **SUMMER Senegal, approx July 10 – 19**
(new 4th year students preferred), 6-8 students

Personal Information *(Please notify us of any change of address or telephone number.)*

Birthdate: _____ / _____ / _____ Place of Birth: _____ Sex (M/F): _____
Mo Day Year City / State Country

(_____) _____
Telephone (the best # to reach you at) Country of Citizenship: _____

Visa Status (if not a U.S. citizen): _____

Your Name

Passport Information

Attach a photocopy of the picture page of your passport to this application.

Name (exactly as it appears on your passport): _____
Last First Middle

Passport Number: _____ Issue Date: _____ Expiration Date: _____

If you do not hold a valid passport, when did/will you apply for one? _____

Write a concise statement of the goals you would like to achieve through participation in a BOCA program.

Have you participated on any previous BOCA programs? If so, where and when?

State briefly any additional information that may be useful to the selection committee in evaluating your candidacy, including any travel or residence in other countries or other regions of the United States, languages spoken and fluency, and/or anything else you wish to point out about yourself or your academic record:

Applicant's Signature

Date