



USC General Practice Residency Supplemental Application

Applicant Name: _____

1. How did you find out about our program?
2. Which aspect of our program attracted you to apply for our program?
3. What would you like to gain from a GPR program?
4. Are you currently applying to other Post Graduate Training programs? If yes; which specialty and where?
5. Indicate your plans following GPR program.
6. Please List- Strong and Weak points about yourself.
7. Please comment on your performance on your undergraduate and dental school courses.
8. What have you done that demonstrates your ability to work effectively with people?
9. Describe the major influences in your life.
10. Describe any special circumstances that you feel the Admissions Committee should note, and take into consideration when reviewing your application.