



APPLICATION

Diploma in Dentistry Dr med. dent.

STARTS: SUMMER SEMESTER (MARCH) 2025 WINTER SEMESTER (SEPTEMBER) 2025/26

Salutation/Title/First name/Surname/ Title after name

Name of parents (Salutation/Title/First name/Surname/Title after name)

Nationality

Occupation of parents

Date of birth/Place of birth

Date at which the required university entrance certificate for Dentistry (certified copy as attachment) was acquired

Street/House number

Required university entrance certificate for Dentistry has not yet been acquired; date at which the most recent school report (certified copy as attachment) was acquired

Post code/City/State

Phone

Successful participation in science classes (biology, either/or chemistry and physics) after the 8th school year for at least four hours a week at a secondary school before the university entrance examination.

Yes

No

Email address

Latin

Yes

No

Latin, 4 years at least 10 hours per week

Yes

No

I agree,

- To deliver additional documents (CV with passport-sized photo, personal statement, DIN A4 page, certificate of a two-week internship at a dentistry practice and in a dental lab, copy of my passport, copy of e-card if main residence is in Austria),
- To pay the processing fee for the admissions procedure (€ 750.-),
- To sit an entrance examination (written single choice test and an individual oral interview) at DPU before the admissions board,
- If no proof can be provided of science subjects (biology, either/or chemistry and physics) after the 8th school year for at least four hours a week at a secondary school before the university entrance examination, to complete a pre-university science course (€ 980.-) before commencing studies at DPU,
- If no proof can be provided of a Latin course at a secondary school for at least ten hours per week for at least four years, to successfully complete a Latin course before commencing studies. This course is organised by Krems adult education centre on the DPU campus exclusively for DPU applicants.

Date/Signature of applicant

Date/Signature of legal representative