

BS/BA-DMD BIO-DENTAL PROGRAM
SUPPLEMENTAL APPLICATION FOR ADMISSION



PLEASE PRINT OR TYPE RESPONSES

Last Name _____ First/Given Name _____ Middle Initial _____

Common App ID# _____ Date of Birth _____/_____/_____
month day year

PERMANENT ADDRESS

Street Address 1 _____

Street Address 2 _____

City _____ State _____ Zip _____

Email Address _____

Please indicate the University of Pennsylvania School of Dental Medicine bio-dental program(s) to which you will apply. If you plan to apply to more than one program, please submit only one supplemental application to our office; however, indicate all programs to which you are applying.

- Hampton University, Hampton, VA
- Lehigh University, Bethlehem, PA
- Muhlenberg College, Allentown, PA
- University of Pennsylvania, Philadelphia, PA
- Villanova University, Villanova, PA

OPTIONAL — FOR STATISTICAL PURPOSES ONLY. The University of Pennsylvania seeks to draw from all racial and ethnic groups in our society. Please indicate the groups in which you would include yourself.

ETHNICITY

Do you consider yourself to be of Hispanic origin?

Yes, Hispanic/Latino/Latina

Please check all that apply below:

- Cuban
- Mexican, Mexican American, Chicano/Chicana
- Puerto Rican
- South or Central American
- Other Spanish culture or origin
- If other, please specify: _____
- No, not Hispanic/Latino/Latina

RACE

Which of the following best describe your race?

Please mark one or more races.

American Indian or Alaska Native

Please specify the name of your enrolled or principal tribe:

RACE (continued)

Asian

Please check all that apply below:

- Asian Indian
- Cambodian
- Chinese
- Filipino
- Japanese
- Korean
- If other, please specify: _____
- Malaysian
- Pakistani
- Vietnamese
- Other Asian

Black or African-American

Native Hawaiian or Other Pacific Islander

Please check all that apply below:

- Guamanian or Chamorro
- Native Hawaiian
- If other, please specify: _____
- Samoan
- Other Pacific Islander

White

ESSAY QUESTIONS AND ADDITIONAL INFORMATION

Please type your responses to questions 1–5 below and attach them to this application. Although there is no maximum length to responses, please convey your thoughts adequately and in a reasonable amount of space.

1. Please list any pre dental or premedical experience. This experience can include but is not limited to observation in a private practice, dental clinic, or hospital setting; dental assisting; dental laboratory work; dental or medical research, etc. Please include time allotted to each activity, dates of attendance, location, and description of your experience. If you do not have any pre dental or premedical experience, please indicate what you have done or plan to do in order to explore dentistry as a career.

2. Do you have relatives who are dentists or are in dental school? Yes No
If you answered yes, indicate the name of each relative, his/her relationship to you, the school attended, and the dates attended.

Name/Relationship	School Attended	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. List any activities which demonstrate your ability to work with your hands.

4. What activities have you performed that demonstrate your ability to work effectively with people?

5. Please explain your reasons for selecting a career in dentistry. Please include what interests you the most in dentistry as well as what interests you the least.

CERTIFICATION — PLEASE READ AND SIGN CERTIFICATION BELOW

I hereby certify that I have provided accurate information in this application. I understand and agree that any misrepresentation or omission of facts in my application will justify the denial of admission, the cancellation of admission, or expulsion.

Signature _____ Date _____

Please return this application to:

Deadline: February 1

**Office of Admissions (Bio-Dental Programs)
Robert Schattner Center
University of Pennsylvania
School of Dental Medicine
240 South 40th Street, Room 122
Philadelphia, PA 19104-6030**

**Contact Information:
215-898-8943
dental-admissions@dental.upenn.edu
www.dental.upenn.edu**

The University of Pennsylvania values diversity and seeks talented students, faculty and staff from diverse backgrounds. The University of Pennsylvania does not discriminate on the basis of race, color, sex, sexual orientation, gender identity, religion, creed, national or ethnic origin, citizenship status, age, disability, veteran status or any other legally protected class status in the administration of its admissions, financial aid, educational or athletic programs, or other University-administered programs or in its employment practices. Questions or complaints regarding this policy should be directed to the Executive Director of the Office of Affirmative Action and Equal Opportunity Programs, Sansom Place East, 3600 Chestnut Street, Suite 228, Philadelphia, PA 19104-6106; or (215) 898-6993 (Voice) or (215) 898-7803 (TDD).

The federal Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, as amended, requires colleges and universities to provide information related to security policies and procedures and specific statistics for criminal incidents, arrests, and disciplinary referrals to students and employees, and to make the information and statistics available to prospective students and employees upon request. Federal law requires institutions with on-campus housing to share with the campus community an annual fire report. In addition, the Uniform Crime Reporting Act requires Pennsylvania colleges and universities to provide information related to security policies and procedures to students, employees and applicants; to provide certain crime statistics to students and employees, and to make those statistics available to applicants and prospective employees upon request. You may view the report at <http://www.upenn.edu/almanac/crimes-index.html> or request a paper copy of the report by calling the Division of Public Safety's Special Services Department at 215-898-4481.