

DMD PROGRAM
2015–2016 SUPPLEMENTAL APPLICATION



Last Name _____ First _____ Middle _____

AADSAS ID # _____ DENT PIN # _____

All correspondence will be sent to your current address listed on your AADSAS application. It is highly recommended that you update the ADEA AADSAS web portal with changes to your contact information as soon as they occur.

CONTACT MAILING ADDRESS

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

CONTACT INFORMATION

Telephone (day) _____

Cell or Other Phone _____

Email Address _____

TEST SCORES

SAT/ACT Scores: Math _____ Critical Reading _____ *SAT/ACT score information is optional.*

DAT Test Date: Date of the most recent DAT exam (Mo/Day/Year) ____ / ____ / ____

If you retake the exam after this date, please inform our office via email dental-admissions@dental.upenn.edu of the revised test date.

ESSAY QUESTIONS AND ADDITIONAL INFORMATION

Please type your responses to the following questions 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 additional pre dental experience **not** included in your AADSAS application. This experience can include but not limited to observation in a private practice, dental clinic, or hospital setting; dental assisting; dental laboratory work; dental 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 experience, please indicate what you plan to do in order to explore dentistry as a career prior to matriculation. Do not include, expand, or repeat information submitted on your AADSAS application in the Dentistry/Shadowing experience section.
- 2 What would you change about your undergraduate college experience?
- 3 What have you done that you are most proud of?
- 4 What qualities of the University of Pennsylvania School of Dental Medicine do you feel will help you achieve your professional goals and how?

APPLICATION MATERIALS

All application materials and documents become the property of the University of Pennsylvania School of Dental Medicine and will not be returned to the applicant. It is highly advised that application materials are submitted well in advance of the December 1st deadline.

NOTE TO PENN DENTAL REAPPLICANTS:

In addition to completing all application procedures, reapplicants must also submit a reapplication statement describing any changes from previous applications relating to course work, grades, DAT scores, employment, and pre dental experience. This statement should be attached to the Supplemental Application for Admission and titled "Reapplication Statement". Failure to submit a reapplication statement will void interview consideration. Serious consideration will be given to reapplicants who have completed additional course work (full course loads) with exceptional academic records or completed an advanced degree. In situations where the Committee has concerns about vocational orientation, students should demonstrate extensive pre dental experience. DAT scores from 2012 and earlier will not be considered. Additional letters of evaluation may be submitted from employers or professors who are familiar with recent work experience or course work.

Have you applied previously to the University of Pennsylvania School of Dental Medicine DMD program? ____ No ____ Yes

If yes, in which year(s) did you apply? _____

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REQUIRED LETTERS OF EVALUATION

Letters of evaluation must be submitted from an institution in which you are currently enrolled, have completed a program, or have received a degree. If you have access to the services of a professional pre-health advisory committee, the composite recommendation letter of that committee should be submitted to fulfill the letters of evaluation requirement. If you do not have access to the services of a professional pre-health advisory committee or advisor, you must submit two letters on your behalf from faculty in your academic major who know you and can evaluate your academic performance. ***Penn Dental Medicine does not require letters from science faculty unless you are a science major.*** Additional letters may be submitted from employers, dentists, or from others with whom you have worked. Such letters cannot be submitted in lieu of the required letters. *Although, it is preferred that all letters be sent directly to AADSAS, we will accept additional letters sent directly to Penn Dental Medicine’s Office of Admissions.*

Please list names and positions of evaluators from whom you have requested letters to be sent through AADSAS or directly to Penn Dental’s Office of Admissions. Please complete the appropriate section:

Name of faculty member (required letter) _____

Institution/Department _____

Title/Position _____

Name of faculty member (required letter) _____

Institution/Department _____

Title/Position _____

Name of dentist or employer (optional letter) _____

Location of practice or work experience _____

OR Committee letter from pre-health advisor/ committee required if your school/institution has a pre-health advisor or pre-health committee:

Name of Pre-Health Advisor or Committee Chair _____

Title/Position _____

School/Institution _____

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 the Supplemental Application for DMD Program together with the non-refundable application fee to: Office of Admissions, Robert Schattner Center, University of Pennsylvania, School of Dental Medicine, 240 South 40th Street, Room 122, Philadelphia, PA 19104-6030.

If you have any questions regarding the admissions process, contact 215-898-8943 or dental-admissions@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).

The Federal Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act and the Uniform Crime Reporting Acts required colleges and universities to provide information related to fire safety and security policies, procedures and programs, as well as specific statistics for criminal incidents, arrests, and disciplinary referrals to student and employees as well as perspective students and employees. You may request a paper copy of the report by calling 215-898-7515 or you may view the report by going to: <http://www.publicsafety.upenn.edu/clery/annual-security-fire-safety-report/>