

Dean's Certification Form

INSTRUCTIONS FOR THE STUDENT: Complete the top section entirely. *Please print clearly.* Submit this form to the Dean of Students or an Administrative Officer in charge of student records from any institution(s) that has/have awarded or will be awarding you a degree (Bachelor's, Master's, and Doctorate). The University of Florida College of Dentistry will maintain strict confidentiality of this document.

Student Name: _____ UFID: _____

Current Address: _____
Number and Street City, State, and Zip Code

Phone: _____ Email: _____

REQUIRED ONLY FOR UF STUDENTS:

By placing my initials in the box to the left, I acknowledge that I authorize release of my official UF Transcript.

REQUIRED FOR ALL ENTERING STUDENTS:

1. RELEASE

By placing my initials in the box to the left, I acknowledge that I have requested this certification form be completed for the use in the admissions process to the University of Florida College of Dentistry. I hereby authorize release of this information to the University of Florida College of Dentistry.

2. WAIVER OF ACCESS (Please Initial One)

By placing my initials in the box to the left, I acknowledge that I waive access to this form.

By placing my initials in the box to the left, I acknowledge that I do not waive access to this form.
(The results of this questionnaire will be made available to the student if he or she enrolls at the University of Florida College of Dentistry.)

3. Signature of Student: _____ **Date:** _____

INSTRUCTIONS FOR THE DEAN OF STUDENTS, CONDUCT OFFICE OR ADMINISTRATIVE OFFICER COMPLETING THIS FORM: Circle the appropriate answers including explanations if necessary. List the name of your institution, your name, your title, phone number and email address. Please sign and date the form. Email, fax, or mail the completed form to:

DMDAdmissions@dental.ufl.edu | Fax: (352) 846-0311 | PO Box 100445, Gainesville, FL 32610-0445

1. Is this individual currently enrolled at your institution? **YES** **NO**
2. Is this individual in good standing regarding conduct? **YES** **NO** (Attach an explanation)
3. Has this individual been the subject of conduct-related disciplinary action, proceedings, suspension or probation?
YES (Attach an explanation) **NO**

Institution: _____

Name: _____ Title: _____

Phone: _____ Email: _____

Signature: _____ **Date:** _____