

**DOCTOR OF DENTAL MEDICINE
Matriculation Requirements Acknowledgement
Entering Class of 2024**

Your acceptance into UFCD is contingent upon completion of all requirements for matriculation. This acknowledgement form outlines some of these requirements for you.

1. Maintain high professional standards of conduct.
2. Maintain satisfactory academic achievement (if applicable).
3. Complete the DAT with a score of 15 or higher in all sections.
4. Complete all prerequisite courses with a C or better. If this cannot be achieved by June 2024, please contact the UFCD Office of Admissions by the deadline of your acceptance/deposit with a detailed plan to complete all prerequisite courses prior to matriculation.
5. Complete a bachelor's degree (or higher) from a regionally-accredited college or university in the U.S. or Canada.
6. Complete any degree program (bachelor's, master's, doctorate, or other professional degree programs) in which you are currently enrolled (if applicable).
7. Submit official transcripts to verify completed prerequisite courses and degree(s) as soon as they are available.
8. Complete criminal background check with results that are deemed favorable by the College and University.
9. Complete a dean's certification form with results deemed favorable by the College and University.
10. Advise the College of Dentistry of any violation of the law and/or academic misconduct that have not been previously reported and/or occur at any time after the completion of the UF supplemental application.
 - * Notification of a legal or conduct issue after the interview will require a meeting with the Associate Dean for Admissions with results that are deemed favorable by the Admissions Committee. It is your responsibility to schedule the meeting by the deadline provided.
11. Read, understand, and acknowledge that you meet the Technical Standards required for satisfactory completion of the DMD program at <https://admissions.dental.ufl.edu/d-m-d/ufcd-requirements/technical-standards/>.
12. Collaboration and interaction with classmates and instructors are essential components of my education. I understand that I am enrolling in a program that requires in-person attendance for all classes and activities, unless there is an excused absence or is otherwise specified.
13. Monitor the Accepted Students Webpage from now until dental school starts. Follow instructions and meet all deadlines for admissions requirements. <https://admissions.dental.ufl.edu/d-m-d/accepted-students/>.
14. Complete requirements for immunizations, TB screenings, and eye examination.
15. Secure mandatory health insurance coverage by enrolling in the UF student health insurance plan or by providing proof of comparable coverage.
16. Read, understand, and acknowledge the University of Florida process for establishing state residency classifications for tuition purposes at <https://admissions.ufl.edu/cost-and-aid/residency>. Initial residency classification is determined by the UF Office of Admissions on main campus (not the College of Dentistry) and is based upon information you provided on the UF Application for Professional Admissions. Check your current residency status by logging into your UF application checklist (<https://admissions.ufl.edu/appstatus.html>).
17. Understand that U.S. citizenship or U.S. permanent residency is required.
18. Understand that you may be ineligible for Federal Student Loans should your status as a U.S. Citizen or U.S. permanent resident change.
19. Submit \$200.00 deposit with a check or money order made payable to "The University of Florida" by the deadline included in your offer letter. Mail or drop off your deposit to our address listed below. Please request a tracking number and delivery confirmation from the mail carrier.
20. Sign and return this form by the deadline included in your offer letter. Send the signed form with your deposit or submit signed form via email to DMDAdmissions@dental.ufl.edu.

Failure to satisfy any of the above conditions may be cause for your admission to be denied, rescinded, or enrollment terminated. By signing below, you certify that all the information provided to the UFCD Office of Admissions, including but not limited to the ADEA AADSAS and UF Application for Professional Admissions, is complete and accurate and that false or fraudulent statements, including omission of information or false or misleading information, can result in denial of admission or disciplinary action. By signing below, you also acknowledge that you have read, understand and will complete the matriculation requirements on time and as outlined on this page in items 1-20 above.

Printed Name

8-digit UFID

Signature

Date