

PERSONAL INFORMATION

Legal First Name MI Legal Last Name Preferred First Name/ Nickname

Date of Birth (mm/dd/yyyy) Gender Hometown (City, State)

UFID UF Email Address Cell Phone

GAINESVILLE ADDRESS Last date to use this address (if moving):

Address Apt/Unit #

City State Zip Code

PERMANENT ADDRESS

Address Apt/Unit #

City State Zip Code

RESIDENCY INFORMATION *Must be a U.S. citizen or U.S. permanent resident (Green Card Holder) to apply*

Are you a bona fide Florida resident? If no, which state?

Are you a United States citizen?

Are you a U.S. Permanent Resident (Green Card Holder)? If yes, expiration date (mm/yyyy)?

In which country were you born?

ETHNICITY

I am NOT Hispanic/Latino/Latina I am Hispanic/Latino/Latina

RACE

American Indian/Alaskan Native Asian

Black or African American Native Hawaiian or Pacific Islander

White

PARENT/GUARDIAN INFORMATION

<input type="text"/>	<input type="text"/>
Parent/Guardian 1 Name	Parent/Guardian 2 Name
<input type="text"/>	<input type="text"/>
Parent/Guardian 1 Occupation	Parent/Guardian 2 Occupation

HIGH SCHOOL RECORD

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<u>Unweighted GPA</u>	
High School Name	City	State	Zip Code	<input type="text"/>	<input type="text"/>
				Total	Science
SAT Super-score	<input type="text"/>	<input type="text"/>	<input type="text"/>	ACT Super-Score	
	Total	Reading/Writing	Math	<input type="text"/>	<input type="text"/>
				Composite	English
				<input type="text"/>	<input type="text"/>
				Math	Reading
				<input type="text"/>	<input type="text"/>
				Science	

MANUAL DEXTERITY

Describe any activities requiring manual dexterity (e.g. activities requiring hand-eye coordination such as cross-stitching, sewing, art, crafts, playing musical instruments, auto repair, etc.) at which you are proficient.

RELATIVES IN DENTISTRY

List any relatives who are dentists/dental hygienists, who are in dental/dental hygiene school, or who have studied dental assisting, dental laboratory technology, or a related dental field (include type of degree/certificate, name of relative, relationship to you, and dental school attended).

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

By placing my initials in the box to the left, I acknowledge that I authorize release of my official ACT/SAT scores.

IMPORTANT: Three letters of evaluation are required. Letters of evaluation may come from college professors or professionals who know your work well. Evaluators will need to send letters by mail or email.

Email:	Mail:
DMDAdmissions@dental.ufl.edu	UF College of Dentistry, Office of Admissions
	PO Box 100445
	Gainesville, FL 32610-0445

RELEVANT EXPERIENCES (Dentistry/Shadowing, Volunteer/Community Service, Leadership, Work, or Research)

Type	Supervisor	Dates
Position Title	City/State	Total Hours
Brief Description:		

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RELEVANT EXPERIENCES (CONT.)

Type	Supervisor	Dates
Position Title	City/State	Total Hours
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RELEVANT EXPERIENCES (CONT.)

Type	Supervisor	Dates
Position Title	City/State	Total Hours
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1. Other than minor traffic offenses, have you ever been charged with a violation of the law that resulted in, or if still pending, could result in a disposition of: probation, fine, community service, a jail sentence, a voluntary or court mandated substance abuse program, the revocation or suspension of your driver's license, or any other punitive action? You must include all misdemeanors and felonies, even if adjudication was withheld by the court (example: pre-trial intervention program, pre-trial diversion, deferred adjudication, or any other program with similar intent).

Yes No

Please list date, jurisdiction (city, state and county), offense, disposition or punitive action. In addition, disclose all other relevant information pertaining to Question 1 in the space below:

2. Are you currently or have you ever been charged with or subject to disciplinary action for scholastic or any other type of misconduct at any educational institution?

Yes No

Please include a full statement of the relevant facts pertaining to Question 2 below:

By placing my initials in the box to the left, I acknowledge that it is my responsibility to continue to disclose conduct and legal issues (as requested in questions #1-2) to the University of Florida College of Dentistry Office of Admissions that have not been previously reported or that occur at any time after the completion of this BS-DMD application. Failure to satisfy any of the above conditions is cause for my admission to be denied, rescinded, or enrollment terminated.

PERSONAL STATEMENT

Please take this opportunity to tell the University of Florida College of Dentistry Admissions Committee more about yourself. You may discuss any or all of the following areas: a challenge you faced; knowledge of and commitment to dentistry; your interests, values, accomplishments, and goals; or any other topics relevant to your application to the College of Dentistry. You may submit your personal statement on a separate sheet, but it must be typed.

By signing my name below, I certify that all the information provided to the Office of Admissions is complete and accurate. I understand that false or fraudulent statements, including omission of information or false or misleading information, can result in denial of admission or disciplinary action.

Applicant Signature

Date