

PASSPORT TO DENTISTRY

WEBSITE: <http://dentalmedicine.uconn.edu>



SPONSORED BY:

UNIVERSITY OF CONNECTICUT
SCHOOL OF DENTAL MEDICINE
FARMINGTON, CONNECTICUT 06030-3905

INSTRUCTIONS:

IF YOU ARE INTERESTED IN ATTENDING THE PASSPORT TO DENTISTRY PROGRAM, PLEASE COMPLETE THE FOLLOWING ELECTRONIC APPLICATION, SAVE IT TO YOUR COMPUTER AND SEND THE FILE AS AN ATTACHMENT TO AVOLT@UCHC.EDU. YOU WILL BE NOTIFIED NO LATER THAN DECEMBER 19, 2018 IF YOUR APPLICATION HAS BEEN APPROVED AND IF THERE IS SPACE AVAILABLE.



FATHER: MARRIED SINGLE WIDOWED DIVORCED SEPARATED

NAME: _____ OCCUPATION: _____

EDUCATION: _____

MOTHER: MARRIED SINGLE WIDOWED DIVORCED SEPARATED

NAME: _____ OCCUPATION: _____

EDUCATION: _____

IS YOUR MOTHER OR FATHER A FIRST GENERATION COLLEGE GRADUATE? MOTHER FATHER

LIST IN CHRONOLOGICAL ORDER ALL SCHOOLS YOU HAVE ATTENDED SINCE HIGH SCHOOL

INSTITUTION CITY DATES ATTENDED

MAJOR _____

DEGREE/DATE GRANTED _____

INDICATE SCHOOL CURRENTLY ATTENDING AND PRESENT GRADE POINT AVERAGE: _____

FRESHMAN/ 1ST YEAR SOPHOMORE /2ND YEAR JUNIOR/ 3RD YEAR
 SENIOR/4TH YEAR COLLEGE GRADUATE

UNDERGRADUATE GPA: _____ SCIENCE GPA: _____

TEST SCORES:

SAT: W _____ M _____ CR _____
MCAT: VR _____ PS _____ WS _____ BS _____
DAT: AA _____ PA _____ QR _____ RC _____ BI _____ IO _____ OC _____ TS _____
GRE: VERBAL _____ QUANTITATIVE _____ ANALYTICAL _____

FEDERAL FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT

I HEREBY CONSENT TO THE DISCLOSURE OF STUDENT INFORMATION RECORDS MAINTAINED BY THE UCONN SCHOOL OF DENTAL MEDICINE PROGRAM. THIS INFORMATION WILL BE MAINTAINED IN A CONFIDENTIAL MANNER AND WILL BE USED ONLY FOR THE PURPOSES OF THE PROGRAM'S EVALUATION. USE IS CONSISTENT WITH THE FEDERAL FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, OR OTHER STATE OR FEDERAL LAWS, REGULATIONS, OR POLICIES. I UNDERSTAND THAT THIS PERMISSION MAY BE WITHDRAWN AT ANY TIME.

APPLICANT SIGNATURE (TYPE NAME) _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____
(PLEASE SIGN IF YOU ARE A PARENT OR GUARDIAN OF AN APPLICANT UNDER EIGHTEEN YEARS OF AGE)

I CERTIFY THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE (TYPE NAME)

DATE