

**DMD PROGRAM**  
**2008–2009 SUPPLEMENTAL APPLICATION**



PLEASE PRINT OR TYPE RESPONSES.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

AADSAS ID# or Last Four Digits of SS# \_\_\_\_\_ Your title (optional)  Mr.  Ms.  Dr.

All correspondence will be sent to your current address listed below. If you prefer other arrangements, please advise our office in the space below:

**CURRENT ADDRESS UNTIL (DATE)** \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (day) \_\_\_\_\_

Cell/Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

**PERMANENT ADDRESS:**

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (day) \_\_\_\_\_

Cell/Mobile \_\_\_\_\_

**CITIZENSHIP STATUS (check one)**

U.S. Citizen  Permanent resident  Not a U.S. citizen or permanent resident

Country of citizenship: \_\_\_\_\_

Students who are non-U.S. citizens or non-residents will be sent visa information upon matriculation.

**EDUCATION**

SAT/ACT Scores \_\_\_\_\_ Math \_\_\_\_\_ Verbal \_\_\_\_\_

If you do not have a copy of your SAT/ACT scores, please provide your best estimate.

COLLEGE(S) ATTENDED	FROM	TO	MAJOR/DEGREE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*OPTIONAL — FOR STATISTICAL PURPOSES ONLY.* The University of Pennsylvania seeks to draw from all racial and ethnic groups in our society. Please indicate the group in which you would include yourself.

- |  |  |   |
|--|--|---|
| <input type="radio"/> African American   | <input type="radio"/> Vietnamese-Laotian-Cambodian | <input type="radio"/> Other Latino (please specify)<br>_____  |
| <input type="radio"/> Caribbean American | <input type="radio"/> South Asian-Indian-Pakistani | <input type="radio"/> Native American (please specify the name of enrolled or principal tribe)<br>_____ |
| <input type="radio"/> Caucasian          | <input type="radio"/> Pacific Islander             | <input type="radio"/> Other _____   |
| <input type="radio"/> Chinese            | <input type="radio"/> Mexican-American             |   |
| <input type="radio"/> Korean             | <input type="radio"/> Cuban American               |   |
| <input type="radio"/> Japanese           | <input type="radio"/> Puerto Rican—Commonwealth    |   |
| <input type="radio"/> Filipino           | <input type="radio"/> Puerto Rican—Mainland        |   |

For Office Use Only: Fee Paid

**DMD PROGRAM**  
**2008–2009 SUPPLEMENTAL APPLICATION, PAGE 2**



Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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**REQUIRED LETTERS OF EVALUATION/RECOMMENDATION**

Letters of evaluation/recommendation 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 advisory committee, the composite recommendation letter of that committee should be submitted to fulfill the letters of evaluation/recommendation requirement. If you do not have access to the services of a professional advisory committee, 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. Letters must be submitted on official stationery and signed by the evaluator/recommender. 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 letters sent directly to Penn Dental Medicine's Office of Admissions. After December 1, 2008, please have letters forwarded directly to Penn Dental Medicine's Office of Admissions.*

Please list names and positions of recommenders/evaluators from whom you have requested letters.

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 \_\_\_\_\_

Title/Position \_\_\_\_\_

Name of dentist or employer (optional letter) \_\_\_\_\_

Location of practice or work experience \_\_\_\_\_

Title/Position \_\_\_\_\_

**NOTE TO 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 predental experience. This statement should be attached to the Supplemental Application for Admission. Failure to submit a reapplication statement will reduce 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 predental experience. DAT scores from 2005 and earlier will not be considered. Additional letters of support 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?

Yes If so, in which year(s) did you apply? \_\_\_\_\_

No

**DMD PROGRAM**  
**2008–2009 SUPPLEMENTAL APPLICATION, PAGE 3**



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AADSAS ID# or Last Four Digits of SS# \_\_\_\_\_

**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 is 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.
2. What activities have you performed that demonstrate your ability to work effectively with people?
3. Please explain what interests you the most in dentistry as well as what interests you the least.
4. What qualities of the University of Pennsylvania School of Dental Medicine do you feel will help you achieve your professional goals and how?

**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 and fee card to:

Office of Admissions  
Robert Schattner Center  
University of Pennsylvania  
School of Dental Medicine  
240 South 40th Street  
Philadelphia, PA 19104-6030

**If you have any questions regarding the admissions process, contact 215-898-8943 or dental-admissions@pobox.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, sex, sexual orientation, gender identity, religion, color, national or ethnic origin, age, disability, or veteran status in the administration of educational policies, programs or activities; admissions policies; scholarship and loan awards; athletic, or other University administered programs or employment. Questions or complaints regarding this policy should be directed to: Executive Director, Office of Affirmative Action and Equal Opportunity Programs, Sansom Place East, 3600 Chestnut Street, Suite 228, Philadelphia, PA 19104-6106 or by phone at (215) 898-6993 (Voice) or (215) 898-7803 (TDD).

The Federal Crime Awareness and Campus Security Act, as amended, requires all colleges and universities to provide information related to security policies and procedures and specific statistics for criminal incidents, arrests, and disciplinary referrals to students and employees, and to make the information and statistics available to prospective students and employees upon request. In addition, The Pennsylvania College and University Security and Information Act requires Pennsylvania colleges to provide information related to security policies and procedures to students, employees and applicants; to provide certain crime statistics to students and employees, and make those statistics available to applicants and prospective employees upon request. To review the University's most recent annual report containing this information, please visit <http://www.upenn.edu/almanac/volumes/v54/n03/contents.html>. You may request a paper copy of the report by calling the Division of Public Safety at 215-898-4482.