

## 2008–2009 FEE CARD

UNIVERSITY OF PENNSYLVANIA SCHOOL OF DENTAL MEDICINE

Please complete the information and return this fee card with a \$50 non-refundable application fee (check or money order payable to the Trustees of the University of Pennsylvania) to:

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

*Please print your name on the front of the check.*



## APPLICATION FEE CARD

UNIVERSITY OF PENNSYLVANIA SCHOOL OF DENTAL MEDICINE 2008–2009

*Please print or type information.*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

AADSAS ID# or Last Four Digits of SS# \_\_\_\_\_  Check  Money Order

Address \_\_\_\_\_

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

For office use only

Received:

Suppl App  Yes  No

No.

Init.

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