

Application Check List

Date:	
Name:	
Address:	
City, State:	
Zip/Postal Code:	
Student ID:	
Email:	
Phone:	
□ Application	Applications will not be processed until all information is received. If you have attached a personal statement to your application, make sure it is noted.
Curriculum Information Sheet	Spring and/or summer transcripts/grades must be submitted to the Dental Education
Background check	office as soon as they are ready. No action will be taken until they are received.
All Transcripts	Due date for application materials for best consideration is Feb 1. Verification of background check or proof if initiation of a check is due at the time of application.
Comments:	Double-check your application to be sure it is complete and accurate.