

Application Check List

Date:		
Name:		
Address:		
City, State:		
Zip/Postal Code:		
Student ID:		
Home Phone:		
Cell phone:		
Application	Applications will not be processed until all information is received personal statement to your application, make sure it is noted.	l. If you have attached a
Curriculum Information Sheet	Spring and/or summer transcripts/grades must be submitted to the Dental Educat	
Observation Hours	office as soon as they are ready. No action will be taken until they are received.	
Transcripts	Due date for application, curriculum information sheet and observ	vation hours is March 1.
	Double check your application to be sure it is complete and accur	ate.
Comments:		