# DENTAL APPLICANT INFORMATION FORM

**Place photograph here.**

It should be about passport size

(ca. 1" x 1.5").

A. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 UNO Id. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. EDUCATIONAL EXPERIENCE \*

 College or Univ. Attended Dates No. Hours Major Degree

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\*If you have attended any university that doesn't appear on your UNO transcript, attach a transcript of your record from that school. The committee will not undertake any evaluations until all transcripts are included.

C. Degree being sought at UNO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Major Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Expected Date of Graduation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D. Application for entering class of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Have you previously applied to dental school? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

E. If you have been employed during your college study, please provide the following information

 Type of Employment Dates Hours/week

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F. List other time consuming obligations and any extracurricular activities which you think committee members should be aware of when processing your application.

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Select at least two (maximum of 4) UNO science faculty members to fill out evaluation forms for you. These should be faculty members whose courses you have completed, or in which you are currently enrolled. At least two evaluations must be from Biology, Chemistry or Physics, and at least one letter of recommendation should be from someone who can provide a different perspective of your character (this should be a dentist whom you shadowed or worked or volunteered for etc). Bear in mind that the assessment of your performance in upper level courses is more meaningful to your application. These faculty evaluations will be photocopied and sent to the Medical Schools or Dental schools designated below. The Pre-Medical and Pre-dental committee cannot act on your application until at least three evaluations have been received. **You are responsible for making sure that all your evaluations are submitted in a timely manner. Please return or email this completed application to Dr. Lura Williamson,** **lawillia@uno.edu** **or Teresa Howell at** **thowell@uno.edu**

The following individuals have agreed to provide evaluations:

Department Faculty Member Course Term

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**Include your AADSAS Personal Statement or Answer each of the following:**

 a) What do you feel is your greatest asset as a candidate for admission?

 b) Why do you wish to become a dentist?