



Introduction to Dentistry (7/6/2020-7/10/2020) Application

Fee: \$250

Date: _____

Student's Name: _____

Date of Birth: _____ Gender: _____

City of Birth: _____

Mailing Address: _____

Email Address: _____ Telephone #- _____

School in which you are enrolled: _____

Address of School: _____

Emergency Contact Name: _____

Emergency Contact #: _____

Current Status of Student: Undergraduate Level: _____ PostBac: _____

Ethnicity: _____

Do you consider yourself disadvantaged and why? _____

Have you applied to any dental school ____ Yes ____ No

When do you anticipate starting dental school: ____ Year

Please attach a short essay separately (500 word limit) answering the following questions:

1. Why are you interested in the dental profession?
2. Tell us about any experience relevant to dentistry.
3. What do you hope to gain from this program?

Disclaimer

By submitting my application:

1. I certify that I am not a current or previous applicant to any dental school.
2. I understand that my participation in this program in no way obligates Penn Dental Medicine to guarantee acceptance into the dental program

Applicant signature: _____ Date: _____

Note: Applicants must provide proof of HEALTH INSURANCE COVERAGE and all APPROPRIATE IMMUNIZATION and be in GOOD ACADEMIC STANDING. (Please provide an official copy of your transcript with this application.).

Please return application and required documents with a **\$50** registration fee to reserve your place by **March 1**. (the \$50 fee will be applied to the program cost if accepted and refunded if not accepted)

Submit application, required materials, and payment to:

Dr. Beverley A. Crawford

University of Pennsylvania School of Dental Medicine

Office of Diversity and Inclusion

240 S 40th Street,

Philadelphia, Pa 19104

beverlyc@upenn.edu

Phone #: (215) 898-2840