



Introduction to Dentistry Summer Program

Application for Visiting Undergraduate Students

Fee: \$250

Date: _____

Student's Name: _____ D O B: _____ Gender: _____

City of Birth: _____

Mailing Address: _____

Email Address: _____ Telephone # _____

Undergraduate School in which you are enrolled or attended:

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: _____

“The applicant has HEALTH INSURANCE COVERAGE (**please provide proof**), has received all APPROPRIATE IMMUNIZATIONS including the Covid-19 vaccine, and is in GOOD ACADEMIC STANDING” (**Please provide an official copy of your transcript**).

Upon acceptance to the program, you will be sent a link to upload all relevant immunization records and permission forms.

Please return your application by **January 31st** by email to: Ms. Javita Lee
PDMDiversity@dental.upenn.edu

Transcripts can be mailed or sent electronically to the address or email address below:

Dr. Beverley A. Crawford
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Phone #: (215) 898-2840