



Introduction to Dentistry Summer Program

Application for Visiting Undergraduate Students

Fee: \$275 (due upon acceptance into program)

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 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.

****Colleges and universities are asked by many groups, including accrediting associations, to describe the ethnic/racial backgrounds of our students and employees. In order to fulfill these requests, we ask this question. This information is confidential and completely voluntary. The University of Pennsylvania does not discriminate with regard to race, color, sex, religion, national origin, sexual orientation or handicap.*

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
University of Pennsylvania School of Dental Medicine
Evans 3rd Floor East
Office of Diversity and Inclusion-Student Initiatives
240 S 40th Street,
Philadelphia, Pa 19104
PDMDiversity@dental.upenn.edu
Phone #: (215) 898-2840