Penn Dental Medicine
University of Pennsylvania

Introduction to Dentistry Summer Program

Application for Visiting Undergraduate Students (Print Clearly)

Fee: $350 (due upon acceptance into program)

Date: _____

Student's Name: _____D.O. B _____ Gender: _____

City of Birth: _____

Mailing Address: _____

_____

Email Address: _____ Telephone # _____

Alternate Email Address: _____

Undergraduate School in which you are enrolled or attended:

_____

Address of School: _____

_____

Emergency Contact Name: _____

Emergency Contact #: _____

Current Status of Student: Undergraduate Level: _____Post Bac: _____

1st Generation College Student ___ Yes ___ No

Pell Grant Recipient ___ Yes ___ No

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 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
PDMPathways@dental.upenn.edu
Decisions on acceptance/decline will be made by **March 31st**

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 Student Engagement and Analytics
240 S 40th Street,
Philadelphia, Pa 19104
PDMPathways@dental.upenn.edu
Phone #: (215) 898-2840