



The University of Texas Health Science Center at San Antonio
SCHOOL OF DENTISTRY

APPLICATION

**3+4 DUAL DENTAL EARLY ADMISSIONS PROGRAM
DEGREE**

Date of Application: _____ Projected Entrance into Dental School: _____
Mo/Day/Yr. Academic Year

NAME _____
LAST FIRST M.I.

PLACE OF BIRTH _____
City State DATE OF BIRTH

PERMANENT LEGAL ADDRESS _____
Street, Apt #
City, State, Zip
(____)____
Telephone Number

PRESENT MAILING ADDRESS _____
Street, Apt #
City, State, Zip
(____)____
Telephone Number
Email address

COLLEGE OR UNIVERSITY ATTENDING _____

COLLEGE/UNIVERSITY
PROGRAM COORDINATOR _____
Name/Title
Street Address
City, State, Zip
(____)____
Telephone Number

DATE OF ENROLLMENT _____

AP CREDIT HOURS _____

COLLEGE CREDIT TO DATE _____
Semester Hours

HIGH SCHOOL ATTENDED _____
(Include City and State)

YEAR OF GRADUATION _____

HIGH SCHOOL GPA _____ CLASS RANK _____ in class of _____

SAT/ACT SCORE _____

RACE OR ETHNIC GROUP:

SOCIOECONOMIC & FINANCIAL

1ST generation undergraduate:

1ST generation graduate:

Parent/guardian of dependent children

Primary language:

Bilingual or multilingual:

Fluent in languages other than English:

Questions About Household Where You Were Raised or Lived From Birth to Age 18:

Household size:

Household income:

Residential Property value:

Ever live in subsidized housing:

Ever received benefits from the Federal Free and Reduced Meal program:

Responsibilities raising other children in household while attending elementary and/or high school:

Required to contribute to overall family income while attending elementary and/or high school:

Zip Code to Age 18:

Lived outside US to Age 18:

Percentage of college expenses provided by:

Family:

Spouse:

Academic scholarships:

Financial need-based scholarships:

Loans:

Jobs/Employment:

Other Sources:

Still full-time student:

FATHER'S NAME _____

ADDRESS _____

Street _____

City, State, Zip

OCCUPATION _____

MOTHER'S NAME _____

ADDRESS _____

Street _____

City, State, Zip

OCCUPATION _____

What state do you claim as your legal residence?

How long have you claimed this residence in that state?

Are you a United States citizen? Yes No

Other type of citizenship _____

Are you currently under charge or have you ever been convicted of a felony or misdemeanor, other than minor traffic violations, or have you ever received a felony or misdemeanor deferred adjudication? If, yes, please explain fully.

SIBLINGS:

Number of siblings:

Relationship	Age	Has Attended College	Is Attending College

RELATIVES IN DENTISTRY:

Do you have any relatives who are dentists, are in dental school, or who have studied or are studying Dental Hygiene, Dental Assisting, Dental Laboratory Technology, or related dental fields?

Name	Relationship	School	Degree	Grad Date

LEISURE ACTIVITIES:

Extracurricular or significant leisure time activities:

Activity Name:

Dates:

Location:

Hours Per Month:

Total Hours:

Description:

Activity Name:

Dates:

Location:

Hours Per Month:

Total Hours:

Description:

Activity Name:

Dates:

Location:

Hours Per Month:

Total Hours:

Description:

EMPLOYMENT (List all jobs):

Have you been employed since graduating high school?

Job Title:
Employer:
Dates:
Held Job:
Location:
Hours Per Week:
Description:

Job Title:
Employer:
Dates:
Held Job:
Location:
Hours Per Week:
Description:

Job Title:
Employer:
Dates:
Held Job:
Location:
Hours Per Week:
Description:

Job Title:
Employer:
Dates:
Held Job:
Location:
Hours Per Week:
Description:

ACADEMIC RECOGNITION:

Significant academic honors, awards, scholarships, or other academic recognition:

Award Title:
Date Received:
Location:
Description:

Award Title:
Date Received:
Location:

Award Title:
Date Received:
Location:
Description:

HEALTH CARE & RESEARCH ACTIVITIES:

Healthcare related community service, volunteer, employment OR shadowing experience activities:

Activity Name:
Dates:
Location:
Hours Per Week:
Total Hours:
Description:

Activity Name:
Dates:
Location:
Hours Per Week:
Total Hours:
Description:

Activity Name:
Dates:
Location:
Hours Per Week:
Total Hours:
Description:

Significant research activities:

Activity Name:
Dates:
Location:
Hours Per Week:
Total Hours:
Description:

Activity Name:
Dates:
Location:
Hours Per Week:
Total Hours:
Description:

Activity Name:
Dates:
Location:
Hours Per Week:
Total Hours:
Description:

COMMUNITY SERVICE ACTIVITIES:

Non-healthcare related community service or volunteer activities:

Activity Name:
Dates:
Location:
Hours Per Week:
Total Hours:
Description:

Activity Name:
Dates:
Location:
Hours Per Week:
Total Hours:
Description:

Activity Name:
Dates:
Location:
Hours Per Week:
Total Hours:
Description:

LEADERSHIP POSITIONS:

Leadership roles or positions of responsibility:

Role Title:
Dates:
Location:
Description:

Role Title:
Dates:
Location:
Description:

Role Title:
Dates:
Location:
Description:

ESSAY: Explain your motivation to seek a career in dentistry.
(You may type essay here or attach it. Do not exceed one page)

SUBMIT 2 LETTERS OF EVALUTION:

Applicants are required to submit:

- 1) Health Professions Advisors evaluation letter
- 2) One faculty evaluation letter

SUBMIT:

- 1) A passport size photograph
- 2) A current transcript

SEND COMPLETED APPLICATION TO:

Office of the Dental Dean - Student Affairs
UTHSCSA School of Dentistry
7703 Floyd Curl Drive, MS 7906
San Antonio, Texas 78229-3900

NOTE: A copy should be sent to your University 3+4 Advisor.

Date

Applicant's Signature