



DENTAL EARLY ADMISSIONS PROGRAM (3+4) APPLICATION

Date of Application: Projected Entrance into Dental School:
Academic Year

Name:
Last, First, Middle Initial

Place of Birth: Date of Birth:
City, State

Permanent Legal Address:

Present Mailing Address: Present Telephone Number:

Present Email Address:

College or University you are currently attending:

College or University Program Coordinator: Coordinator Title:

Coordinator Address:

Date of Enrollment:

AP Credit Hours:

College Credit (Semester Hours) to Date:

High School Attended: High School City and State:

Year of Graduation:

High School GPA: High School Class Rank: in a 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 you were raised or lived in from birth to age 18

Household size:

Household income:

Residential Property value:

Ever live in subsidized housing: yes no

Ever received benefits from the Federal Free and Reduced Meal program: yes no

Responsible for raising other children in household while attending elementary/high school: yes no

Required to contribute to overall family income while attending elementary/high school: yes no

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:

Father's Address:

Father's Occupation:

Mother's Name:

Mother's Address:

Mother's Occupation:

What state do you claim as your legal residence?

How long have you claimed 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? yes no

If, yes, please explain in full:



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:

Graduation 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:
Date 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:
Description:

Award Title:
Date Received:
Location:
Description:

HEALTH CARE & RESEARCH ACTIVITES

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) Letter of recommendation from your Health Professions Advisor
- 2) One faculty evaluation letter
- 3) Passport size photograph
- 4) Current transcript



SEND YOUR COMPLETED APPLICATION TO:

UT Health San Antonio School of Dentistry
Office of the Dental Dean
7703 Floyd Curl Drive, Mail Code 7906
San Antonio, Texas 78229-3900

PLEASE NOTE: A copy should also be sent to your University's DEAP 3+4 Advisor.

Date:

Applicant's Signature: _____