

HONORS COMBINED BS/DMD PROGRAM COLLEGE OF DENTISTRY

Applying for Fall 20

<input type="text"/> <i>UFID (for UF students only)</i>	<input type="text"/> <i>Social Security Number</i>		
<input type="text"/> <i>Last Name</i>	<input type="text"/> <i>First Name</i>	<input type="text"/> <i>MI</i>	<input type="text"/> <i>Nickname</i>
<input type="text"/> <i>Current Address</i>		<input type="text"/> <i>Apt/Unit #</i>	
<input type="text"/> <i>City</i>	<input type="text"/> <i>State</i>	<input type="text"/> <i>Zip Code</i>	<input type="text"/> <i>Last date to use this address (if moving)</i>
<input type="text"/> <i>Permanent Address</i>		<input type="text"/> <i>Apt/Unit #</i>	
<input type="text"/> <i>City</i>	<input type="text"/> <i>State</i>	<input type="text"/> <i>Zip Code</i>	
<input type="text"/> <i>Home Phone</i>	<input type="text"/> <i>Cell Phone</i>		
<input type="text"/> <i>Email Address</i>			

Are you a bona fide Florida resident? Yes No If yes, how many years?

Are you a United States citizen? Yes No If yes, how many years?

If foreign born, where are you from? When did you arrive in the US?

Gender:

Ethnicity: I am Not Spanish/ Hispanic/Latino/Latina
 I am Spanish/Hispanic/Latino/Latina

Race: American Indian or Alaskan Native Native Hawaiian or Pacific Islander
 Asian White
 Black or African American

<input type="text"/> <i>Parent's Name</i>	<input type="text"/> <i>Parent's Name</i>
<input type="text"/> <i>Parent's Occupation</i>	<input type="text"/> <i>Parent's Occupation</i>

<input type="text"/> <i>High School Name</i>	<input type="text"/> <i>City</i>	<input type="text"/> <i>State</i>	<input type="text"/> <i>Year of Graduation</i>	<input type="text"/> <i>Un-weighted High School GPA</i>
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Please indicate the number of **high school credits** completed and GPA for the following subjects:

<input type="text"/> <i>Biology</i>	<input type="text"/> <i>Biology GPA</i>	<input type="text"/> <i>Chemistry</i>	<input type="text"/> <i>Chemistry GPA</i>	<input type="text"/> <i>Physics</i>	<input type="text"/> <i>Physics GPA</i>
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<input type="text"/> <i>College you are currently attending</i>	<input type="text"/> <i>Matriculation Date (mm/yyyy)</i>
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Have you ever been charged with or subject to disciplinary action for scholastic or any other type of misconduct at any educational institution? Yes No

Have you ever been charged with a violation of the law which resulted in probation, community service, a jail sentence, or the revocation or suspension of your driver's license (including traffic violations which resulted in a fine of \$200 or more)? Yes No

If you answered yes to either question, please include a full statement of the relevant facts and submit it with this application.

Please take this opportunity to tell the University of Florida Dental Admissions Committee more about yourself. Suggested topics could be a challenge you faced; your interests, values, accomplishments, and goals; or any other topics relevant to your application to the College of Dentistry. You may submit the essay on a separate sheet, but it must be typed.

IMPORTANT: Official transcripts and letters of evaluation are required. **All application materials should be returned immediately to:**

**Dr Venita Sposetti
UF College of Dentistry
Office of Admissions
PO Box 100445
Gainesville, FL 32610-0445.**

Signature

Date