

CONFIDENTIAL INFORMATION

A license to practice dentistry can be refused or suspended because of criminal conviction.

Have you ever been convicted of a felony or misdemeanor? Yes No

Honors Received: _____

Extracurricular Activities: _____

Research Experience: _____

Publications: _____

PROFESSIONAL ACTIVITIES

Resume of Private Practice: _____

Resume of Military Service: _____

Employment since Graduation: _____

References: One reference must be from an administrative officer of the dental school from which you graduated. This letter should include such information as class standing, scholastic average and/or your potential for graduate study. We request that you ask those listed to write letters of recommendation in your behalf and send them to the address below.

1. _____

2. _____

3. _____

INSTRUCTIONS 1. Complete application and forward to:

Advanced Education in General Dentistry
Dr. Gary M. Fischer, Director
c/o Rachel Garrett
Southern Illinois University
School of Dental Medicine
2800 College Ave, Bldg. 273
Alton, IL 62002

2. If you **are** participating through PASS, please submit the following:

- a. 3 letters of recommendation as listed above (if not included in PASS)
- b. Small photograph (2 in. x 2 in.)

3. If you are **not** participating through PASS, please submit the following:
- a. Photocopy of dental school diploma (if available)
 - b. Official transcript forwarded by college(s)
 - c. Official transcript forwarded by dental school
 - d. 3 letters of recommendation as listed above
 - e. Nation Board Scores Part I & Part II
 - f. Small photograph (2 in. x 2 in.)

CERTIFICATION

I understand that withholding information requested on this application or giving false information will cause me to be ineligible for admission or subject to dismissal. With this in mind, I certify that the forgoing statements are correct and complete.

I further certify that if accepted for admission, I shall comply with the rules of Southern Illinois University School of Dental Medicine and the University.

Date _____ Applicant's Signature _____

DENTPIN # _____ MATCH Code (if applicable) _____