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SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF DENTAL MEDICINE



Supplementary Application for Admission

Important: Complete and return this form immediately. Without this information, processing, review and admission to the program can not be completed. If you have any questions, phone or write: Southern Illinois University, School of Dental Medicine, Office of Admissions, 2800 College Avenue, Alton, IL 62002. Phone: (618) 474-7170

Please Print or Type

Legal Name _____ Social Security Number _____

Daytime Phone Number (_____) _____ Permanent Phone Number (_____) _____

A member of the Admissions and Selection Committee may attempt to contact you by telephone sometime during the application process. The purpose of this call will be to conduct an informal interview and/or to advise you of the status of your application. Please provide a phone number where you can be reached.

REQUIRED SUBJECT STATUS

All prerequisites must be completed by July 1 prior to August enrollment. Completion of a minimum of 60 semester hours of undergraduate course work is required. Specific subjects which must be included are listed below. Note that Science course work must include both lecture and laboratory instruction. In the space provided, check requirements which have been fulfilled. For requirements not yet completed, indicate month and year they will be satisfied.

| | Sem./Qtr. Hours | Completed | Anticipated Completion Date |
|---------------------|-------------------|-----------|-----------------------------|
| English | 6/9 | () | _____ |
| Inorganic Chemistry | 6/9 including lab | () | _____ |
| Organic Chemistry | 4/6 including lab | () | _____ |
| Biology/Zoology | 6/9 including lab | () | _____ |
| Physics | 6/9 including lab | () | _____ |

TEST RESULTS

Dental Admission Test Scores must be submitted. Have arrangements been made to have the most recent scores forwarded?
 _____ Yes _____ No If yes, what was the date of the test? _____ If no, what is the date you plan to take the test? _____

RESIDENCY

High School Attended _____ City _____ State _____

Are you an Illinois Resident? Yes () No () If no, list state of residence _____

If yes, how long have you been an IL resident? _____ years _____ months

In what state do you plan to practice dentistry? _____. City (), Suburb (), Small town/Rural ()

GENERAL INFORMATION (Attach additional sheets if necessary.)

Describe any research or investigative work undertaken:

Particular reason for wanting to attend SIU/SDM:

Have you applied to SIU/SDM previously? Yes () No () If yes, when? _____

Have you previously attended any dental or other professional school? Yes () No ()

If yes, when and where? _____

If yes, what was your reason for leaving? _____

NAME _____

SOC. SEC. NO. _____

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 () If yes, provide details on a separate sheet

UNDERGRADUATE INSTITUTION INFORMATION

State name and complete mailing address of the undergraduate institution in which you are currently enrolled or last attended:

Institution: _____ Address: _____

CERTIFICATION

I recognize that as part of the dental school curriculum I will be required to participate in laboratory experiments conducted with live animals. I consent to participate in such experiments.

I understand that withholding any information or providing any false information on this application or on the AADSAS application may result in my being ineligible for or refused admission to, or my being subject to dismissal from the School of Dental Medicine. Pursuant to this understanding, I certify that all the foregoing statements and information provided in this supplementary application for admission are complete and correct.

I further certify that if I am accepted to the Southern Illinois University School of Dental Medicine I agree to comply with the rules, regulations, and policies of the School of Dental Medicine and of the University, as amended from time to time.

Date: _____, 20 _____

Applicant's Signature

05/05/09