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International Advanced Placement Program (IAPP) Supplemental Application for Admission

Important: Without this information, processing, review and admission to the program cannot be completed. If you have any questions, phone or write: Southern Illinois University, School of Dental Medicine, International Advanced Placement Program, 2800 College Avenue, Alton, IL 62002. Phone: (618) 474-7183

Please Print or Type:

Legal Name (First, Middle, Last) _____

Other Names or Aliases _____ Date of Birth _____

If you attended school or took a standardized exam using a different name, please list name(s).

Email Address _____ ADEA CAAPID # _____

Daytime Phone Number _____ Permanent Phone Number _____

Residency Information

City _____ State (if applicable) _____ Country _____

Country of citizenship _____ Country of permanent residency _____

City and country of birth _____ Native language _____

U.S. Visa you now hold (choose one): Exchange Visitor (J-1) Student (F-1) None Other _____

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.

Dental School Information

State name and complete mailing address of the dental school from which you received your dental degree:

Institution: _____

Address: _____

NAME _____

General Information (Attach additional sheets if necessary.)

What would you describe as the weakest area of your dental education background?:

What were the strengths and weaknesses of your previous dental education?

What are your reasons for wanting to attend SIU/SDM?

Certification

I understand that withholding any information or providing any false information on this application or on the CAAPID 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: _____

Applicant's Signature

NOTICE

The SIUE Annual Security and Fire Safety Report is available online at <http://www.siu.edu/securityreport>. The report contains campus safety and security information, crime statistics, fire safety policies, and fire statistics for the previous three calendar years. This report is published in compliance with Federal law, titled the "Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act" and the Higher Education Opportunity Act also known as the "Campus Fire Safety Right to Know." For those without computer access, a paper copy of the report may be obtained, with a 24-hour notice, from the Office of the Vice Chancellor for Administration, Rendleman Hall, Room 2228, 618-650-2536.

03/02/15