



Supplementary Application for Admissions

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 _____

CAS ID# _____

Preferred Phone Number (____) _____

e-mail address _____

A member of the Admissions and Selection Committee may attempt to contact you by telephone or e-mail sometime during the application process. The purpose of this call/e-mail will be to schedule an interview and/or to advise you of the status of your application. Please provide a phone number and e-mail 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 90 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	()	_____
General Chemistry	8/9 including lab	()	_____
Organic Chemistry	8/6 including lab	()	_____
Biology/Zoology	8/9 including lab	()	_____
Biochemistry	3/5	()	_____
Physics	6/9 including lab	()	_____

TEST RESULTS

Dental Admission Test Scores must be submitted to AADSAS. 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? ____

CERTIFICATION

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

NOTICE

The SIUE Annual Security and Fire Safety Report is available online at <https://www.siu.edu/police/cleary-act-forms/index.shtml> . 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.

05/8/2023