

UNIVERSITY OF UTAH SCHOOL OF DENTISTRY SUPPLEMENTAL ADMISSIONS APPLICATION FORM

Directions: Read carefully. Give your full, legal name that you intend to use to register as a new student at the University of Utah School of Dentistry. If you need more space you are welcome to attach a word document to this form.

	rst Year Class of the School	ol of Dentistry	for the
(Last)	(First)	(Middle)	
(No. & Street)	(City)	(State)	(Zip)
		(State)	(Zip)
Birthpla	ce:		(Zip)
Day/Year)	(City)	(State)	(Country)
E-mail			
ea Code and Number	Home Phone:Area Code and Number		
	nd have you been so for at	least one yea	r prior to
		l school vacat	ions) please
	(Last) (No. & Street) s: (No. & Street) Birthpla Day/Year) E-mail ea Code and Number of the State of Utah and Utah and Utah and Utah and Utah and Utah and Uta	(Last) (First) (No. & Street) (City) S: (No. & Street) (City) Birthplace: (City) E-mail Home Phone: ea Code and Number of the State of Utah and have you been so for at	(Last) (First) (No. & Street) (City) (State) S:

Have you ever been convicted of a felony?
f so, explain the circumstances:
What is your reason for choosing the University of Utah School of Dentistry?
Please state if there is anything of particular importance that the Admissions Committee
should know about you.
☐ By checking this box you hereby certify that the information given is complete and accurate.
DATE

Return this completed application along with a recent passport-type photo of yourself in JPEG format **by e-mail** to **julie.oyler@hsc.utah.edu**. The photo should be 2x2 inches in size and full face view, no hat, and light background preferred. If you are unable to return by e-mail, please print, attach a photo and mail to:

Julie Oyler, Director Admissions Office University of Utah School of Dentistry 530 S. Wakara Way Salt Lake City, UT 84108 801-585-0718