UNIVERSITY OF MINNESOTA
SCHOOL OF DENTISTRY

BACHELOR OF SCIENCE IN DENTAL HYGIENE/MASTER OF DENTAL THERAPY DUAL DEGREE APPLICATION

INSTRUCTIONS

Application Deadline: This application must be completed, signed, and received on or before March 15, 2016 to be considered for Fall 2016 admission.

Completed Application: Your University of Minnesota School of Dentistry Application for the Bachelor of Science in Dental Hygiene/Master in Dental Therapy dual degree program must include all of the following:

- This completed and signed University of Minnesota School of Dentistry Application
- Personal statement and four essays, typed or printed legibly
- Résumé or Curriculum Vitae (C.V.)
- 2”X 2” photo of yourself (no other person should be in the picture with you)
- Official transcripts from all colleges attended
- Prerequisite Evaluation Form
- 3 letters of recommendation:
  - 2 letters from college-level math or science instructors; 1 letter from supervisor (volunteer or paid position)
  - All letters must be sent directly to the Office of Admissions and Diversity in a sealed and signed envelope
- ACT or SAT scores (if you have not already completed a bachelor’s degree)
- TOEFL Test (Internet-based only) for non-native English speakers

The second application form depends on your circumstances. One of the items below is required in addition to this University of Minnesota School of Dentistry Application to complete the application process:

- If you have never been enrolled in any campus or college at the University of Minnesota you must submit an Undergraduate Transfer Student Application Form. Please visit [http://admissions.tc.umn.edu/admissioninfo/trans.html](http://admissions.tc.umn.edu/admissioninfo/trans.html) to submit the transfer application.
- OR

- If you are a current or former U of M student you must submit a Change of College Form: [http://policy.umn.edu/sites/policy.umn.edu/files/forms/otr014.pdf](http://policy.umn.edu/sites/policy.umn.edu/files/forms/otr014.pdf)

Mail completed application form and all requirements to:

University of Minnesota School of Dentistry
Office of Admissions and Diversity
15-163 Moos Tower
515 Delaware Street S.E.
Minneapolis, MN  55455

(612) 625-7477  •  ddsapply@umn.edu  •  www.dentistry.umn.edu

*The University of Minnesota is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status, or sexual orientation.*
UNIVERSITY OF MINNESOTA
SCHOOL OF DENTISTRY

BACHELOR OF SCIENCE IN DENTAL HYGIENE/
MASTER OF DENTAL THERAPY

PERSONAL INFORMATION

Please Type or Print Using Black Ink

Name ____________________________________________________________________________________________

Last                                First                                  Middle

Current Mailing Address _____________________________________________________________________________

Street Address       City, State, Zip

Permanent Address __________________________________________________________________________________

Street Address      City, State, Zip

Current Phone _________________________________ E-mail Address ______________________________________

Permanent Phone _______________________________ Mobile Phone _______________________________________

State of Legal Residency _____________________ Number of Years in this State ______________________

Social Security Number _____________________________ Date of Birth ___________________________________

Are you right-handed or left-handed? _________________________________________________________________

Legal status (as of today’s date): ☐ U.S. citizen    ☐ Permanent resident (Green card holder)
(You must be a U.S. citizen or permanent resident to apply)

What is your native language? ________________ (TOEFL is required for non-native English speakers)
TOEFL Test (Internet-based only) date taken or projected TOEFL date: ____________________________

ETHNICITY AND RACE

The information provided below is voluntary and will not be used in a discriminatory manner. The questions below comply
with the U.S. Department of Education’s new mandated standards for ethnic and racial data collection.

1. Ethnicity: Are you Hispanic or Latino? ☐ Yes    ☐ No

2. Race: Please check any or all that apply.

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Two or more races. Please list: __________________

Ethnic and racial definitions

American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the original Black racial groups of Africa.

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Native Hawaiian/Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
### College Education

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<thead>
<tr>
<th>Name of College/University</th>
<th>Major</th>
<th>Dates of Attendance</th>
<th>Degree Received</th>
<th>Date Completed</th>
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<tr>
<th>Course</th>
<th>Course Name, Number, and School</th>
<th>Credits</th>
<th>Grade</th>
<th>Term/Year Completed</th>
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<td>Anatomy</td>
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<td>General Biology</td>
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<td>Composition</td>
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<td>Biochemistry</td>
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Please describe your reasons for seeking a career in Oral Health Care/Dental Therapy.

| APPLICANT NAME: __________________________________________________________________________________ |
|                                                                                               |

| EXPERIENCES, ACTIVITIES, AND EMPLOYMENT |
| (Please use additional sheets as needed)       |
What paid work experiences/jobs have you had in the last five years? Please describe your positions, responsibilities and specific dates of employment for each job.

<table>
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<tr>
<th>EXPERIENCES, ACTIVITIES, AND EMPLOYMENT</th>
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<td>(Please use additional sheets as needed)</td>
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What school/church/other club-sponsored activities are you involved in currently? Please describe your role in these organizations either as an officer or as a member. Include dates and duration of involvement.

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<th>APPLICANT NAME: __________________________________________________________________________________</th>
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<tr>
<td>THE COMMUNITY</td>
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Please list your involvement in community service or volunteer activities; include dates and duration of involvement. Then, choose one activity and elaborate on your involvement. Describe the community, your roles, what you learned about this community, and what personal lessons you have learned from these experiences.

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<tr>
<th>EXPLANATION OF ACADEMIC DIFFICULTIES</th>
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<td>(Please use additional sheets as needed)</td>
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</table>
Please provide an explanation of any Incomplete, Withdrawal, D, or F grades you have received in your academic career.

STATEMENT ON DIVERSITY
In evaluating an applicant’s potential contribution to diversity, the Dental Therapy Admissions Committee considers the following factors: geographic diversity (e.g. rural), first generation college student, financial need, disadvantaged educational background, racial and ethnic diversity, evidence of outstanding leadership, special talents, high academic potential, unique work or service experience, community involvement, experience and/or interest in research or teaching, and interest in providing services to underserved areas. The School of Dentistry is committed to enrolling and graduating a diverse student body of thought, interest, background and intellect. Diversity enhances the educational experience of all students and better prepares our graduates to practice dentistry in today’s world.

STUDENT FILE ACCESS
The information on this form will be used to identify you and determine your qualifications for admission to this program. All items except social security number are required. Those who may gain access to information in your file are staff and faculty at the University of Minnesota who have a need to know the information to perform their job responsibilities, and outside organizations and government bodies in limited circumstances as authorized by state and federal law. In addition, you may review your own file. No one other than those noted above may review your file without your written consent, a subpoena, or court order. If you want the University to give information to someone else, such as your parent, spouse, other relative, or friend, you must fill out and sign this section of the application.

I hereby authorize the School of Dentistry to release information to the following person(s):

Name (s) ______________________________________________________________________________________________

Relationship to Applicant _________________________________________________________________________________

Address ___________________________________________________ Telephone: _______________________________

CERTIFICATION
I certify that all information provided on this application and supporting documentation is correct, complete, and composed by myself. I understand that any omission, misinformation, or misrepresentation may void my admission or result in dismissal or revocation of any degree awarded based upon this admission.

Applicant’s Signature ___________________________________________________ Date ________________________

12/16/15