

Creighton UNIVERSITY

SCHOOL OF DENTISTRY

SUPPLEMENTAL APPLICATION FORM FOR ADMISSIONS

Directions: Read carefully and fill in completely. Give your full, legal name. If you enter this University you are to register by this name and no other unless name is changed legally. You may attach additional sheets, if needed, for the essay questions.

Application for Admission to the First-Year Class of the School of Dentistry for the year beginning in August _____.
(Enter Year)

Name (print) _____
(Last) (First) (Middle)

Mailing Address _____
(No. & Street) (City) (State) (Zip)

Permanent Address _____
(No. & Street) (City) (State) (Zip)

Birthdate _____ Birthplace _____
(Month) (Day) (Year) (City) (State) (Country)

DENTPIN No. _____ Sex _____ Religion _____
(Optional)

(Daytime Phone - Area Code and Number)

(Home Phone - Area Code and Number)

Have you previously made application to this University? _____ If so, for which Division? _____

Year of last application? _____ Were you accepted? _____ Did you register? _____

Have you taken the Dental Admission Test? _____ If so, when? _____

and where? _____ If not, when and where do you plan to take it?

ATTACH PHOTO HERE!

A recent identification photograph of yourself; **such as a passport photo**. It should be at least 2 x 2 inches in size but not larger than 2 1/4 x 3 inches.

Full-face photograph, no hat, and light background preferred.

We also prefer not to have a snapshot, but will accept one if you have no other options.

Photographs cannot be returned.

Did a Creighton alumnus recommend Creighton University School of Dentistry to you? If so, please list name(s).

1. _____

2. _____

3. _____

Have any of your relatives attended Creighton University? _____

If so, please list their name(s), relationship to you and approximate dates of attendance.

1. _____
(Name) (Relationship) (School) (Year)

2. _____

3. _____

If there was a break in your education (other than the normal school vacations) please explain fully your occupation or activities during that time.

Have you ever been convicted of a felony? _____

If so, explain the circumstances: _____

What is your reason for choosing Creighton? _____

Please state if there is anything of particular importance that the Admissions Committee should know about you. _____

E-mail address _____

I hereby certify that the information given is complete and accurate. (Please check all statements before signing).

DATE _____ SIGNATURE OF APPLICANT _____

Return to: Creighton University School of Dentistry
Admissions Office
780729 California Plaza
Omaha, NE 68178

Creighton University admits qualified students and hires qualified employees without regard to race, color, national or ethnic origin, disability, gender, religion, or status as a disabled veteran or veteran of the Vietnam era. Its education and employment policies, scholarship and loan programs, and other programs and activities, are administered without any such discrimination. None of the information contained in or submitted with this application will be used by the University for any discriminatory purpose.