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.

Application for Admission to the First-Year Class of the School of Dentistry for the year beginning in August _________.

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)

Military Status: Active / Inactive Branch of Service ______________________ 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? ____________________________________________
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).
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.