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?

________________________________________________________________________________________
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.