

**COLLEGE OF DENTISTRY POSTDOCTORAL PROGRAMS
SUPPLEMENTAL APPLICATION INFORMATION**

Name: _____
(please print)

Social Security Number (if available): _____

Dental Specialty of Application: _____

Have you ever been charged with, or convicted of, any felony or misdemeanor (other than minor traffic violations)? yes no If yes, please explain.

A criminal background check is required for all students and will be completed prior to enrollment.

Please return this completed form to The University of Iowa College of Dentistry, Office for Student Affairs, 311 Dental Science Building N, Iowa City, IA 52242-1010

Signature

Date