

Application for Admission to the College of Dentistry Deferred Admit Program



Please read the instructions on page 3 before completing this application.

A. Personal Information

- Name _____
last (family or surname) first (given name) middle
- U.S. Social Security Number _____ / _____ / _____
- Gender (optional) male female
- Birthdate _____
mo/day/yr
- List other name(s) that may appear on transcripts, scores, or other materials being submitted _____
- Current mailing address _____
street city state/country ZIP county (if Iowa)
- Home address if different from above _____
street city state/country ZIP county (if Iowa)
- Phone number(s) _____
home alternate cell
Do you authorize The University of Iowa to send you text messages about important information and deadlines? yes no
- Birthplace _____
city state/country
- E-mail address _____
- Citizenship: U.S. citizen; U.S. permanent resident (attach a copy of your Permanent Resident [green] Card)
- Ethnic/Racial/Tribal Affiliation Information (optional, see instruction item A12) Are you Hispanic/Latino(a)? yes no
What race do you consider yourself to be? (indicate one or more) Alaskan Native or American Indian (tribal/nation affiliation): _____
 African American/Black Native Hawaiian or Other Pacific Islander Asian White I prefer not to respond
- Are you a veteran? yes no

B. Admission Information

- If accepted, I intend to begin my dental studies in the Fall of 20_____ (see instruction item B1).
- My current class standing is freshman sophomore junior senior
- My undergraduate major is _____

C. Educational Information

- List the high school from which you graduated _____
name city state/country
- Date of graduation _____
mo/day/yr
- Indicate the score you received on the ACT or SAT I (see instruction item C3) _____
- List each college or university you have ever attended or are currently attending. (see instruction item C4)

name of institution	city/state	from (mo/yr-mo/yr)	credits completed (sem/qtr)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. Supplemental Information

- List any scholastic honors you have received. _____

—for office use only—

D. Supplemental Information *(continued)*

2. List your cocurricular activities. _____

3. List any relatives who are dentists and their relationship to you. _____

E. Statement in Determination of Residency

1. Do you consider yourself a resident of the state of Iowa? yes no If yes: a) when did this residency begin? _____
b) Parent name _____ c) Parent address _____ mo/yr

2. Please give a chronological account of your major activities (including summers) for the three years immediately preceding your application to the DAP.

from (mo/yr) to (mo/yr)	activity (i.e., work, school, military)	location (city/state)

F. Certification

I certify that to the best of my knowledge all information given on this application is correct and complete, and I understand that any material omission or misinformation concerning enrollment in other colleges or universities may void my admission or result in dismissal.

signature of applicant

date

The University of Iowa requests this information for the purposes of processing your application for admission. Persons outside the University are not routinely provided this information except for directory information, such as name and local address. Although responses to items marked "optional" are optional, responses to all other items are required in order for us to take action.

The University of Iowa

Application Instructions and Additional Information

This application is designed for residents of the State of Iowa who are interested in being considered for the Deferred Admit Program (DAP). Admitted students are expected to complete the dental prerequisite course work and must maintain a 3.60 overall GPA and a 3.50 science GPA. You may complete the DAP application anytime after you complete a minimum of two full-time semesters at an accredited four-year institution. The DAP application deadline is November 1, two years prior to your anticipated enrollment. You will take the Dental Admission Test (DAT) in August prior to the year of your anticipated enrollment in the College of Dentistry. The scores on each science section of the DAT must be at the national average (17) or above.

Application Instructions

Please print legibly in black ink, answering every question that applies to you. Most of the items are self-explanatory. Instructions for the others follow.

A. Personal Information

A1. Name—List your name as you would like it to appear on all University records (or as it appears on your passport). If your name changes prior to enrollment, please notify the Office of Admissions in writing.

A2. US Social Security Number—We will use your Social Security Number to verify your identity for record-keeping purposes and to help match transcripts and other materials with your application for admission. It will not be used as your student ID number. Your Social Security Number will be safeguarded by the University and will not be displayed on official records or made available to others. If you do not have a Social Security Number, leave this item blank.

A6-7. Current Mailing/Home Mailing Address—From August 15 through May 15, we will mail materials to you at your residing address. From May 16 through August 14, your home address will be used. Please notify both the Office of Admissions and the College of Dentistry of any address changes.

A12. Ethnic/Racial/Tribal Affiliation Information—Your response to this item is voluntary. To comply with the US Department of Education regulations concerned with Title VI of the Civil Rights Act, The University of Iowa must report statistical summaries of the student body. This information is confidential and does not appear on academic records. Information regarding individual students is not disclosed outside the University without the student's written consent. The following are definitions of the categories listed:

African American/Black: a person having origins in any of the black racial groups of Africa.

Alaskan Native/American Indian: a person having origins in any of the original peoples of North America (including Central America) who maintains cultural identification through tribal affiliation or community recognition.

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.

Hispanic/Latino(a): a person of Mexican, Puerto Rican, Cuban, Central or South 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, North Africa, or the Middle East.

B. Admission Information

B1. Intended Year to Begin Dental Studies—While an undergraduate degree is not required for admission, students admitted through DAP must complete the equivalent number of hours required for a degree at their institution prior to enrollment in the College of Dentistry.

C. Educational Information

C3. ACT or SAT I Scores—Contact the testing service directly to request your scores. UI students need not request scores as they should already be on file.

C4. Record of Higher Education—This listing must be complete. Include every institution attended, regardless of the duration of study, type of enrollment (i.e., extension, correspondence, etc.), or whether you earned a diploma or degree.

The University of Iowa requires official transcripts from each college attended. (Current/former UI students do not need to request UI or other transcripts previously submitted to the University.) Transcripts must arrive in a sealed envelope mailed directly from the institution.

Credentials submitted for admission become the property of the University and are not returnable or transferable.

D. Statement in Determination of Residency

The classification of residents and nonresidents for admission, fees, and tuition purposes is based upon information furnished by you. If this information changes, notify us. The registrar is authorized to require additional evidence as deemed necessary to verify your status.

Additional Information

Application Fee—A non-refundable \$60 fee is required with this application. Make checks payable to "The University of Iowa." Do not send cash.

Return Application Materials Promptly—Mail your completed application (including the appropriate fee) to:

Office of Admissions
The University of Iowa
107 Calvin Hall
Iowa City, IA 52242-1396 USA

How to Reach Us—Our toll-free (USA/Canada only) number is 800-553-4692. The direct-dial number is 319-335-1521. Visit our website at www.uiowa.edu.

Please direct questions about the DAP to the College of Dentistry Admissions Office at 319-335-7157.

The University of Iowa prohibits discrimination in employment, educational programs, and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities, equal opportunities and equal access to University facilities. For additional information on nondiscrimination policies, contact the Office of Equal Opportunity and Diversity, (319) 335-0705 (voice) and (319) 335-0697 (text), 202 Jessup Hall, The University of Iowa, Iowa City, Iowa 52242-1316.

Office of Admissions-9/09/jva