

The University of Texas Health Science Center at San Antonio

DENTAL SCHOOL

Application for Admission by Transfer

Date of Application _____
(Mo.) (Day) (Yr.)

Projected Entrance _____
(Academic Year)

PERSONAL INFORMATION

1. Name _____
(Last) (First) (MI) (Other names, if applicable)

If not a fulltime student, state current occupation _____

Employer _____

2. Current mailing address _____
(Street)

(City) (State) (Zip) (E-mail address)

Home Phone No. () Business Phone No. () During Hours: _____

PERMANENT ADDRESS

NOTE: This address should be constant — one where you can be reached now and in future years.

_____ (Street)

(City) (State) (Zip) (Country)

3. Date of birth ____/____/____ Sex _____ Ethnicity* _____
Mo. Day Yr.

4. Citizenship (All non U.S. students must have appropriate visas and immigration documents.)

U.S. Citizen? Yes No If "No," give country of citizenship _____

Type of Visa _____ Expiration Date _____

Resident Alien I.D. Number, if applicable _____

Texas Resident? Yes No If "Yes," county of residence _____

How long? _____ If less than 12 months, former residence _____

5. Military Information

NOTE: Members of the Armed Forces assigned to duty in Texas and their spouse and dependents are eligible to pay tuition at the resident rate regardless of the length of residence in Texas. Complete the lines below if you are military or military connected:

Assigned to duty in Texas Spouse of dependent of military personnel assigned to active duty in Texas

Home of Record _____
(City) (State)

Branch of Service _____ Date of Entry _____ Active Duty Reserve Duty

Highest grade or rank achieved _____

Military personnel must furnish copy of orders to Registrar two weeks in advance of registration if accepted for admission. Dependents must furnish copy of orders and birth certificate/marriage license, as applicable.

*Ethnicity Use appropriate Code from List: I - American Indian M - Mexican American B - Black American O - Oriental American P - Mainland Puerto Rican S - Other Spanish Surname X - White Caucasian E - Other Minority

Information requested regarding the applicant's race or ethnicity is voluntary, and will be used in a nondiscriminatory manner, consistent with applicable civil rights laws.

11. Other than minor traffic violations, have you ever been charged with a felony or misdemeanor? _____ If yes, explain on the back of this form.

12. Were you ever required to leave college, graduate, or professional school or were you ever denied readmission because of deficiencies in either conduct or scholarship? _____ If yes, explain on the back of this form.

13. Has your education since high school ever been interrupted for any reason? Yes No
If yes, or if not now attending college, indicate what you have done or what you are now doing: _____

14. If you have been out of school for two years or more, list below your present and past employment, beginning with the most recent, and indicate periods of unemployment and reason(s):

Name and Address of Employer	Position, Date Employed	Supervisor Name and Title	Reason for Leaving

15. Please state fully your reasons for requesting admission by transfer and give any additional information which you feel pertinent to consideration of your application for admission:

16. I affirm that, if I have claimed to be a Texas resident in this application, I am a legal Texas resident and will, if required by the institution, provide substantiating documentation.

I understand that applications are not regarded a "complete" until all supporting papers have been received; therefore, it is in my interest to see that these are submitted as promptly as possible. It is also my understanding that official transcripts sent directly from each school attended must be received as soon as possible and at the end of each successive semester or quarter for as long as my application is being considered. Official transcripts showing additional work after acceptance must also be supplied.

I certify that the information on this application is complete and correct to the best of my knowledge and belief, and that submission of any false information is grounds for rejection of my application, withdrawal of any offer of acceptance, or dismissal after enrollment.

Signature of Applicant

Date

Return completed application to:
DENTAL ADMISSIONS
Office of the Registrar
UTHSCSA – MSC 7702
7703 Floyd Curl Dr.
San Antonio, Texas 78229-3900