



**DENTAL EARLY ADMISSIONS PROGRAM (3+4) APPLICATION**

Date of Application: Projected Entrance into Dental School:  
*Academic Year*

Name:  
*Last, First, Middle Initial*

Place of Birth: Date of Birth:  
*City, State*

Permanent Legal Address:

Present Mailing Address: Present Telephone Number:

Present Email Address:

College or University you are currently attending:

College or University Program Coordinator: Coordinator Title:

Coordinator Address:

Date of Enrollment:

AP Credit Hours:

College Credit (Semester Hours) to Date:

High School Attended: High School City and State:

Year of Graduation:

High School GPA: High School Class Rank: in a class of

SAT/ACT Score:

Race or Ethnic Group:

**SOCIOECONOMIC & FINANCIAL**

1<sup>st</sup> generation undergraduate:

1<sup>st</sup> generation graduate: Parent/guardian of dependent children Primary language:

Bilingual or multilingual:

Fluent in languages other than English:

**Questions about household you were raised or lived in from birth to age 18**

Household size:

Household income:

Residential Property value:

Ever live in subsidized housing:

Ever received benefits from the Federal Free and Reduced Meal program:

Responsible for raising other children in household while attending elementary/high school:

Required to contribute to overall family income while attending elementary/high school:

Zip code to age 18:

Lived outside US to age 18:

**Percentage of college expenses provided by**

Family:

Spouse:

Academic scholarships:

Financial need-based scholarships:

Loans:

Jobs/Employment:

Other Sources:

Still full-time student:

Father's Name:

Father's Address:

Father's Occupation:

Mother's Name:

Mother's Address:

Mother's Occupation:

What state do you claim as your legal residence?

How long have you claimed residence in that state?

Are you a United States citizen?

Other type of citizenship:

Are you currently under charge or have you ever been convicted of a felony or misdemeanor, other than minor traffic violations, or have you ever received a felony or misdemeanor deferred adjudication?

If, yes, please explain in full:



**SIBLINGS**

Number of siblings:

Relationship:

Age:

Has attended college:

Is attending college:

**RELATIVES IN DENTISTRY**

Do you have any relatives who are dentists, are in dental school, or who have studied or are studying Dental Hygiene, Dental Assisting, Dental Laboratory Technology, or related dental fields?

Name:

Relationship:

School:

Degree:

Graduation Date:

**LEISURE ACTIVITIES**

Extracurricular or significant leisure time activities:

Activity Name:

Dates:

Location:

Hours Per Month:

Total Hours:

Description:

Activity Name:

Dates:

Location:

Hours Per Month:

Total Hours:

Description:



Activity Name:  
Dates:  
Location:  
Hours Per Month:  
Total Hours:  
Description:

**EMPLOYMENT (List all jobs)**

Have you been employed since graduating high school?

Job Title:  
Employer:  
Date Held Job:  
Location:  
Hours Per Week:  
Description:

Job Title:  
Employer:  
Dates Held Job:  
Location:  
Hours Per Week:  
Description:

Job Title:  
Employer:  
Dates Held Job:  
Location:  
Hours Per Week:  
Description:

Job Title:  
Employer:  
Dates Held Job:  
Location:  
Hours Per Week:  
Description:



**ACADEMIC RECOGNITION**

Significant academic honors, awards, scholarships, or other academic recognition:

Award Title:  
Date Received:  
Location:  
Description:

Award Title:  
Date Received:  
Location:  
Description:

Award Title:  
Date Received:  
Location:  
Description:

**HEALTH CARE & RESEARCH ACTIVITIES**

Healthcare related community service, volunteer, employment OR shadowing experience activities:

Activity Name:  
Dates:  
Location:  
Hours Per Week:  
Total Hours:  
Description:

Activity Name:  
Dates:  
Location:  
Hours Per Week:  
Total Hours:  
Description:

Activity Name:  
Dates:  
Location:  
Hours Per Week:  
Total Hours:  
Description:

### **Significant research activities**

Activity Name:  
Dates:  
Location:  
Hours Per Week:  
Total Hours:  
Description:

Activity Name:  
Dates:  
Location:  
Hours Per Week:  
Total Hours:  
Description:

Activity Name:  
Dates:  
Location:  
Hours Per Week:  
Total Hours:  
Description:

### **COMMUNITY SERVICE ACTIVITIES**

Non-healthcare related community service or volunteer activities:

Activity Name:  
Dates:  
Location:  
Hours Per Week:  
Total Hours:  
Description:

Activity Name:  
Dates:  
Location:  
Hours Per Week:  
Total Hours:  
Description:



Activity Name:  
Dates:  
Location:  
Hours Per Week:  
Total Hours:  
Description:

### **LEADERSHIP POSITIONS**

Leadership roles or positions of responsibility:

Role Title:  
Dates:  
Location:  
Description:

Role Title:  
Dates:  
Location:  
Description:

Role Title:  
Dates:  
Location:  
Description:

### **ESSAY**

Explain your motivation to seek a career in dentistry. (You may type essay here or attach it. Do not exceed one page.)

### **SUBMIT 2 LETTERS OF EVALUTION**

Applicants are required to submit:

- 1) Letter of recommendation from your Health Professions Advisor
- 2) One faculty evaluation letter
- 3) Passport size photograph
- 4) Current transcript



**SEND YOUR COMPLETED APPLICATION TO:**

UT Health San Antonio School of Dentistry  
Office of the Dental Dean  
7703 Floyd Curl Drive, Mail Code 7906  
San Antonio, Texas 78229-3900

*PLEASE NOTE: A copy should also be sent to your University's DEAP 3+4 Advisor.*

Date:

Applicant's Signature: \_\_\_\_\_