



## Application for Admission by Transfer

**Date of Application:** \_\_\_\_\_ **Projected Entrance Date:** \_\_\_\_\_

Full Legal Name: \_\_\_\_\_  
(Last) (First) (Middle )

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(Street Address) (Apartment/Unit #)

\_\_\_\_\_  
(City) (State) (Zip)

Current Address: \_\_\_\_\_  
(Street Address) (Apartment/Unit #)

\_\_\_\_\_  
(City) (State) (Zip)

Contact Information:

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

If not a fulltime student, state your current occupation: \_\_\_\_\_

Other than minor traffic violations, have you ever been charged with a felony or misdemeanor?

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Citizenship:** (Must be U.S. Citizen or Permanent Resident to apply for transfer)

U.S. Citizen:

Permanent Resident:

**Ethnicity:**

American Indian (I)

African American (B)

Asian (A)

Hispanic (H)

Hawaiian / Pacific Islander (P)

White/Caucasian (W)

Multiple (M)

International (N)

Unreported (U)

*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.*

**Military:**

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

Active Duty:                      Reserve Duty:                      Assigned to duty in Texas:

Spouse of dependent of military personnel in active duty in Texas: Yes:                      No:

Home of Record: \_\_\_\_\_  
(City)    (State)    (Zip)

Branch of Service: \_\_\_\_\_ Entry Date: \_\_\_\_\_

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

**Admission Tests:**

Dental Admissions Test                      Date taken/scheduled: \_\_\_\_\_

National Board Part I                      Date taken/scheduled: \_\_\_\_\_

National Board Part II                      Date taken/scheduled: \_\_\_\_\_

Have you applied to or been enrolled in any of the University of Texas System professional or graduate schools in previous years?

If yes, please give dates and schools:

\_\_\_\_\_  
\_\_\_\_\_

List all other dental or medical schools you have or will apply to this year:

\_\_\_\_\_  
\_\_\_\_\_

**Education:**

*List all colleges and universities you have attended in chronological order. (Include any you plan to attend prior to enrollment)*

**Name of School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Major: \_\_\_\_\_  
(Month/Year)                      (Month/Year)

Diploma/Degree and Date: (conferred or expected) \_\_\_\_\_

**Name of School:** \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Major: \_\_\_\_\_  
(Month/Year) (Month/Year)

Diploma/Degree and Date: (conferred or expected) \_\_\_\_\_

**Name of School:** \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Major: \_\_\_\_\_  
(Month/Year) (Month/Year)

Diploma/Degree and Date: (conferred or expected) \_\_\_\_\_

**Name of School:** \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Major: \_\_\_\_\_  
(Month/Year) (Month/Year)

Diploma/Degree and Date: (conferred or expected) \_\_\_\_\_

List honors received in college, including societies: \_\_\_\_\_

\_\_\_\_\_

List extracurricular activities in college, including offices held and community or avocation activities in which you have participated in recent years: \_\_\_\_\_

\_\_\_\_\_

Has your education since high school ever been interrupted for any reason?

If yes, or if not now attending college, indicate what you have done or what you are now doing:

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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:

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**Employment:**

*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):*

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (State)

Position: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Month/Year) (Month/Year)

Supervisor Name and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Company: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (State)

Position: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Month/Year) (Month/Year)

Supervisor Name and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Company: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (State)

Position: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Month/Year) (Month/Year)

Supervisor Name and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Company: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (State)

Position: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Month/Year) (Month/Year)

Supervisor Name and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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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 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:**

UT Health San Antonio  
Office of the Dental Dean, MS 7906  
Attention: Dental Admissions  
7703 Floyd Curl Drive  
San Antonio, Texas 78229-3900