

**SCHOOL OF DENTISTRY**

**SUPPLEMENTAL APPLICATION FORM FOR ADMISSIONS**

**Directions:** Read carefully and fill in completely. Give your full, legal name. If you enter this University you are to register by this name and no other unless name is changed legally.

Application for Admission to the First-Year Class of the School of Dentistry for the year beginning in August \_\_\_\_\_\_\_\_\_\_\_.

(Enter Year)

Name (print)

(Last) (First) (Middle)

Mailing Address

(No. & Street) (City) (State) (Zip)

Permanent Address

(No. & Street) (City) (State) (Zip)

Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthplace

(Month) (Day) (Year) (City) (State) (Country)

Military Status: Active / Inactive Branch of Service\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DENTPIN No. Sex Religion

(Optional)

(Daytime Phone - Area Code and Number) (Home Phone - Area Code and Number)

Have you previously made If so, for which

application to this University? \_\_\_\_\_\_\_\_\_ Division?

Year of last Were you Did you

application? \_\_\_\_\_\_\_\_\_\_\_\_ accepted? \_\_\_\_\_\_\_\_\_\_\_\_ register?

Have you taken the Dental Admission Test?\_\_\_\_\_\_\_ If so, when?

and where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If not, when and where do you plan to take it?

|  |  |  |
| --- | --- | --- |
| **ATTACH PHOTO HERE!**  A recent identification photograph of yourself; **such as a passport photo**. It should be at least **2 x 2 inches** in size but not larger than 2 1/4 x 3 inches.  Full-face photograph, no hat, and light background preferred.  We also prefer not to have a snapshot, but will accept one if you have no other options.  Photographs will not be returned. |  | Did a Creighton alumnus recommend Creighton University School of Dentistry to you? If so, please list name(s).  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Have any of your relatives attended Creighton University?

If so, please list their name(s), relationship to you and approximate dates of attendance.

1.

(Name) (Relationship) (School) (Year)

2.

3.

If there was a break in your education (other than the normal school vacations) please explain fully your occupation or activities during that time.

Have you ever been convicted of a felony? Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, explain the circumstances:

What is your reason for choosing Creighton?

Please state if there is anything of particular importance that the Admissions Committee should know about you.

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that the information given is complete and accurate. (Please check all statements before signing).

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE OF APPLICANT

Return to: Creighton University School of Dentistry

Admissions Office

780729 California Plaza, Room 107

Omaha, NE 68178

Creighton University admits qualified students and hires qualified employees without regard to race, color, national or ethnic origin, disability, gender, religion, or status as a disabled veteran or veteran of the Vietnam era. Its education and employment policies, scholarship and loan programs, and other programs and activities, are administered without any such discrimination. None of the information contained in or submitted with this application will be used by the University for any discriminatory purpose.