

University of Florida DMD-PhD Application Form

Application Submission Date (MM/DD/YYYY):	
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Last Name	First Name	Middle Name(s)
Gender	Date of Birth (mm/dd/yyyy)	Email
Cell phone:	Daytime phone:	Evening phone:

Current Address

Street		State
City	Country	Postal/Zip Code

Permanent Address

Street		State
City	Country	Postal/Zip Code

IDP Program of Concentration:	
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Letters of Recommendation Note: Letters should be from those that can attest to your research abilities.

Recommender #1: Name	Title	Institution Affiliation
Email:	Phone:	
Recommender #2: Name	Title	Institution Affiliation
Email:	Phone:	
Recommender #3: Name	Title	Institution Affiliation
Email:	Phone:	

Education Information

College Name	Degree Earned	Location	Dates Attended

Residency Information

Are you a bona fide Florida resident? **Yes** **No**

If yes how many years have you been a Florida resident?	
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Are you a United States citizen? **Yes** **No**

Are you a Permanent Resident of the United States? **Yes** **No**

If yes, how many years have you been a United States citizen?	
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If foreign where were you born?	
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If foreign what is your citizenship?	
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How many years have you been in the US?	
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Race/Ethnicity (please check all that apply)

I am Spanish/Hispanic/Latino/Latina

I am NOT Spanish/Hispanic/Latino/Latina

American Indian or Alaskan Native

Native Hawaiian or Pacific Islander

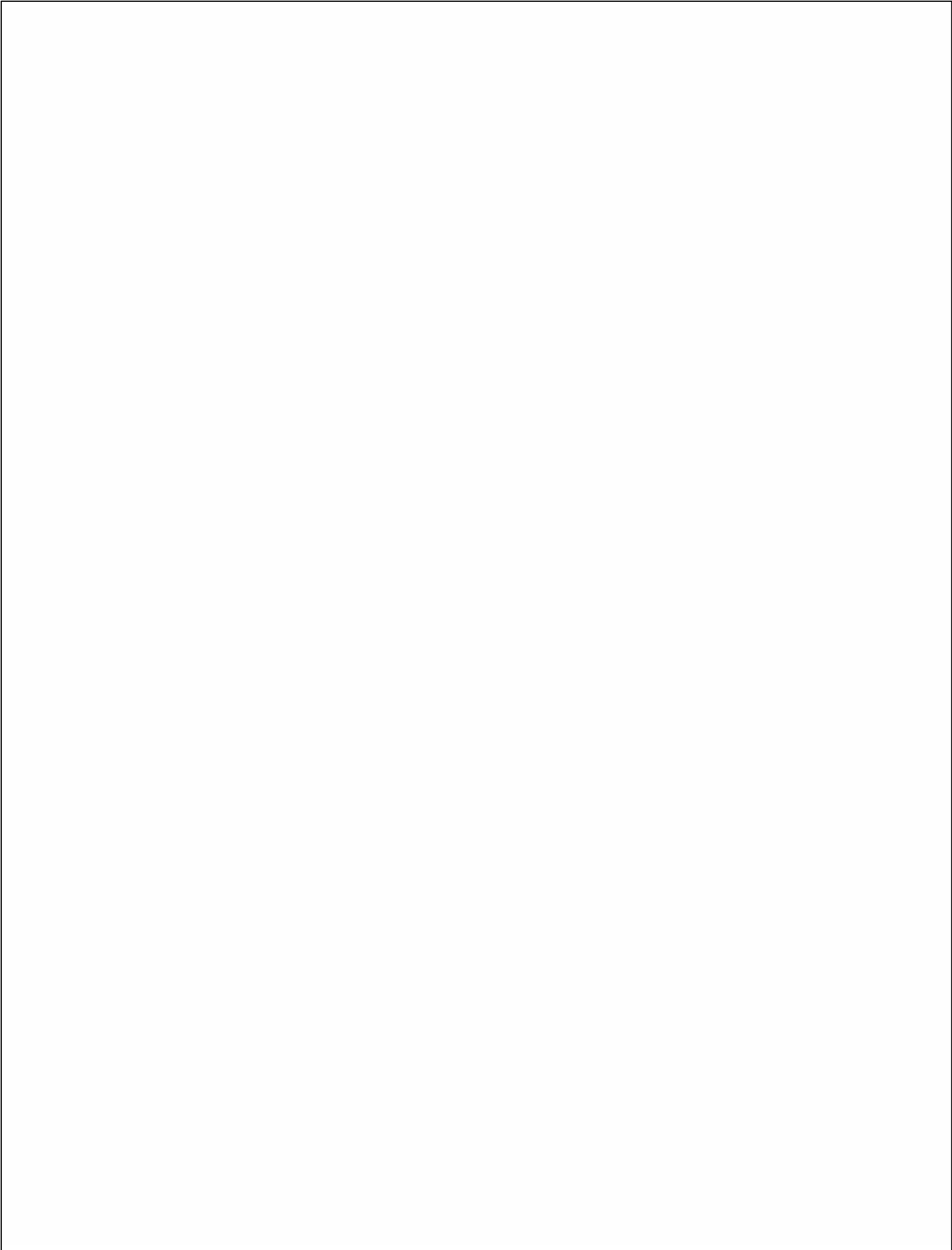
Asian

White

Black or African American

Personal Statement

Use this space to inform the admissions committee of your career goals and of your previous research experiences. Address how your research experiences influenced your goals. Provide any other information you wish to convey. Limit to the text boxes on this and the following page.



Conduct Disclosure

1) Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to a crime in any jurisdiction, other than a minor traffic offense? (You must include all misdemeanors and felonies, even if adjudication was withheld by the court or even if the records were expunged so that you would not have a record of conviction.)

Yes No

2) Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to driving under the influence or driving while impaired? (You must include all misdemeanors and felonies, even if adjudication was withheld by the court or even if the records were expunged so that you would not have a record or conviction.)

Yes No

If you answered yes to Questions 1 or 2, please list date, jurisdiction (state and county), offense, disposition, and all other relevant information within the confines of the box below.

3) Have you ever been charged with or subject to disciplinary action for academic or any other type of misconduct at any educational institution?

Yes No

If you answered yes to Question 3, include a full statement of the relevant facts within the confines of the box below.

Checklist and Information Release

Below is a list of all documents required for review of a pre-application by the DMD-PhD Admissions Committee of the University of Florida. The DMD-PhD Coordinator and the Admissions Committee will maintain strict confidentiality of all documents received.

- **DMD-PhD Pre-Application Form**
- **Curriculum Vitae**
- **Letters of Recommendation**
- **Copies of All Undergraduate and any Graduate Transcripts**

Note: If you are offered a position in the DMD-PhD program and accept the offer, you will be required to submit the official documents indicated below, which are in addition to any sent previously for admission to the DMD program. The official documents are to verify self-reported scores and for your official file in the Interdisciplinary Program in Biomedical Sciences.

- **All Official Undergraduate and any Graduate Transcripts**
- **Official DAT scores**

Final acceptance into the DMD-PhD program is conditional upon the completion of the degree program in which you are currently enrolled and all conditions for matriculation into the DMD program, if not currently in the DMD program. Failure to meet these requirements will result in withdrawal of offers. All submitted documents will be entered into your files in the DMD-PhD program in the College of Dentistry and in the Interdisciplinary Program in Biomedical Sciences in the College of Medicine.

Information Release

I hereby authorize upon my acceptance into the DMD-PhD Joint Degree Program at the University of Florida the release of all documents required for the DMD-PhD admissions process to both the Office of Education of the College of Dentistry and to the Interdisciplinary Program in Biomedical Sciences in the College of Medicine.

Last Name	First Name	Middle Name(s)

Applicant Signature (Required)	Date (mm/dd/yyyy)

Privacy Statement

The University of Florida College of Dentistry and the Interdisciplinary Program in Biomedical Sciences in the College of Medicine takes all of the necessary technical and organizational security measures to protect your personal data from being lost or misused. For instance, your data is saved in a secure operating environment that is not accessible to the public and backed up on a regular basis on and off site.

Although we take steps to protect personally identifiable information you provide to us via email from loss, misuse, or unauthorized alteration, no system is 100% secure or error-free. Therefore, we do not, and cannot, guarantee the security or accuracy of the information we collect via email, and you acknowledge that you are assuming the risk in transmitting any information to us. For information about the UF Information Privacy Statement, please visit www.privacy.ufl.edu/informationprivacy.html

Submission: Email a signed copy of this form in pdf format to dculp@dental.ufl.edu with “**DMD-PhD Application**” in the subject line or mail to **Dr. David Culp, DMD-PhD Coordinator, College of Dentistry, PO BOX 100424, Gainesville, FL 32610**