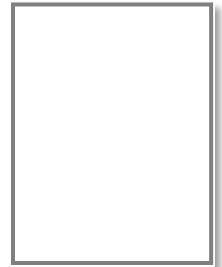


**UNIVERSITY OF PUERTO RICO, MEDICAL SCIENCES CAMPUS
SCHOOL OF DENTAL MEDICINE,
OFFICE OF STUDENTS AFFAIRS
DR. JOSE R. MATOS, DIRECTOR PROGRAM
ADVANCED PLACEMENT PROGRAM
P O BOX 365067, SAN JUAN PR 00936**



APPLICATION FOR ADMISSION TO ADVANCED PLACEMENT PROGRAM

ATTACH (1) 2X2 RECENT PHOTOGRAPH



Last Names	First Name	Initial
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I hereby apply for admission as an Advanced Placement Student for the class beginning in June _____

Permanent Address _____ Phone _____

Mailing Address _____ Phone _____

E-mail Address _____

Date of Birth _____ Place of Birth _____ S.S. # _____

Are you Citizen of the United States? _____ If not, state status _____

Name of Parents 1. _____ Occupation _____

2. _____ Occupation _____

Have you attended a Dental or Medical School? Yes _____ No _____

Date of graduation? _____ University _____

Do you have a pre-dental education? Yes ___ No ___ University _____

Have you applied to this School previously? Yes ___ No ___ If so, when? _____

Do you have any physical disabilities? _____ if so, specify _____

When did you take the National Board Exams? _____ Score _____

What are your arrangements to cover the expenses of your dental education?

Have you served in the Armed Forces of the United States?

Yes _____ No _____ When _____

Indicate your knowledge of the following languages:

English

Spanish

Excellent ___ Good ___ Fair ___ None ___ Excellent ___ Good ___ Fair ___ None ___

Have you studied at the University of Puerto Rico? If so, give student's identification number _____

List of Colleges Attended

Date of Attendance:

In Order of Attendance

Address

From:

To:

1. _____
2. _____
3. _____
4. _____

STATEMENT OF WORK EXPERIENCE

Name & Address of Employer

Nature of Work

How Long Employer

If you have been out of college for any time, please explain _____

Are any of your relatives' dentists? _____ If so, give the following information:

Name	Address	Relationship	Dental School
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The Admissions Committee will not consider any application until all information required in the application is given in full. False information will result in an automatic rejection of the applicant or dismissal from the School of Dental Medicine if the applicant has been admitted. The School or applicant assumes no obligation when this application is filled. The School of Dental Medicine reserves the right to reject any or all applications.

Signed: _____

The applicant must sign here