



School of Dentistry Supplemental Application for Admission

Note: All information on the application must be typed or printed legibly

If this is a reapplication, please enter year(s) of previous application(s) _____

Social Security No.* _____

Name _____
Last First Middle Maiden

Mailing Address _____ Current Phone _____

County City State Zip Work Phone _____

Permanent Address _____ Cell Phone _____

County City State Zip Permanent Phone _____

Specify State of Residency _____ Email _____

If Oregon, list the month and year that you **began** fulfilling the 12-month residency requirement _____

Citizenship (specify country) _____ Place of Birth _____

Type of Visa _____ Resident Alien Number _____

Please indicate your ethnic identity by checking one of the following. (Note: In compliance with federal reporting requirements, OHSU must seek to identify the ethnic background of applicants for admission. You are encouraged to supply this information, but may decline without in any way prejudicing your application. This voluntary information is to ensure equal opportunity under the Affirmative Action Program.)

☐ White, European American, Non-Hispanic ☐ Black, African American, Non-Hispanic

☐ Asian American (specify ethnic group) _____ ☐ Pacific Islander (specify ethnic group) _____

☐ Hispanic American (specify ethnic group) _____ ☐ Middle Eastern (specify ethnic group) _____

☐ American Indian or Alaskan Native (specify tribal affiliation) _____

☐ North African (please specify) _____ ☐ Other _____

☐ Decline to respond

Is English your second language? ☐ Yes ☐ No

Gender: ☐ Male ☐ Female ☐ Do not wish to respond

Birthdate (optional) _____

It is the policy of Oregon Health & Science University to ensure equal opportunity to all individuals in a positive program of non-discrimination in all areas of employment; recruiting, hiring, training, assignment, promotion, use of facilities and privileges because of age, national origin, race, color, marital status, religion, sex, sexual orientation, veteran status, persons with disabilities that do not preclude satisfactory completion of educational and clinical requirements, or any other applicable basis in law.

Supplemental Personal Comments (Optional): This space is provided for any comments you may wish to direct specifically to this institution; it is optional whether you use it, and what you choose to say. (Examples: research, course work, travel, philosophy, sports, hobbies, or just a thought you wish to share)

Please securely attach photo.
(optional)

***Social Security Number Disclosure and Consent Statement**

You are requested to voluntarily provide your Social Security Number to assist OHSU (and organizations conducting studies for or on behalf of OHSU) in developing, validating, or administering predictive tests; administering student aid programs; improving instruction; internal identification of students; collection of student debts; or comparing student educational experiences with subsequent workforce experiences. OHSU will disclose your Social Security Number only if the studies are conducted in a manner that does not permit personal identification of you by individuals other than representatives of OHSU (or the organization conducting the study for OHSU) and only if the information is destroyed when no longer needed for the purposes for which the study was conducted. By providing your Social Security Number, you are consenting to the uses identified above. This request is made pursuant to ORS 353.050 and Ch. 162, Oregon Laws 1995. Provision of your Social Security Number and consent to its use is not required, and if you choose not to do so you will not be denied any right, benefit, or privilege provided by law. You may revoke your consent for the use of your Social Security Number at any time by writing to: OHSU School of Dentistry, Office of Admissions & Student Affairs, Mail Code: SD-SA, 2730 SW Moody Ave., Portland, OR 97201-5042.

The School of Dentistry reserves the right to deny admission to any applicant whose criminal background poses a threat to the university, dental profession, and/or health care community.

- 1. Have you ever been convicted of a misdemeanor or felony? ☐ Yes‡ ☐ No
- 2. Have you ever been found guilty except for insanity, mental disease, defect, etc. or not guilty by reason of insanity, mental disease, defect, etc., in any proceedings in which you were charged with a misdemeanor or felony? ☐ Yes‡ ☐ No

‡ If the answer to either of the above questions is "yes," on a separate piece of paper indicate the ALL convictions including charge, charge date, city/state of offense, disposition, sentence and any other details that you believe that we should know.

Should the answer to either of the above questions become "Yes" between submission of this application and an accepted applicant's enrollment at OHSU, the individual before enrollment must so inform the Dean of Admissions of the School of Dentistry.

I certify that the information is true and that this application has been completed without evasion or misrepresentation. If it is found to be otherwise, I understand it is cause for rescission of admission or dismissal from dental school.

Applicant's Signature _____ **Date** _____