

Name and Contact Information

Name:

First

Middle

Last

Preferred Name: _____

Permanent Address: _____

Street

City

State

Zip Code

Preferred Phone _____

(xxx-xxx-xxxx)

Email Address: _____

Birthdate:

What is your gender?

Female

Male

Non-binary/third gender

Prefer to self-describe: _____

Prefer not to say

Our institution does not discriminate on the basis of gender identity or expression. In order to track the effectiveness of our recruiting efforts and ensure we consider the needs of all our applicants, please consider selecting the description that suites you best. This is optional.

Academic Audit

Note: You should verify that you have all of the pre-requisite classes for the dental schools that you will apply to.

Submit Your Personal Statement (email to BMPD@marquette.edu) with the Application: This can be the same statement submitted with your previous AADSAS application

Personal Information

Are you a US citizen?

- Yes No

Have you served in the Armed Forces?

- Yes No

Colleges and universities are asked by groups, including the federal government, accrediting associations, college guides, and newspapers, to describe the ethnic/racial backgrounds of their students and employees. In order to respond to these requests, we ask you to answer the following two questions (optional).

Do you consider yourself to be of Hispanic/Latino origin?

- Yes No

Regardless of your answer to the prior question, please check *one or more* of the following groups in which you consider yourself to be a member (optional).

Asian

- Black or African American

Native American or Alaska Native

Native Hawaiian or Other Pacific Islander

White

Parent/Guardian

First Parent or Guardian

Relationship _____

Parent's Name _____

Occupation: _____

Education (highest degree): _____

Second Parent or Guardian

Relationship: _____

Parent's Name: _____

Occupation: _____

Education (highest degree): _____

Educational Information: Please list all colleges and universities (including Marquette University) that you have attended

School 1

Name: _____

State: _____

Date Attended From:

Date Attended To:

Number of Credits Earned:

Degree Received, if any:

School 2

Name: _____

State: _____

Date Attended From:

Date Attended To:

Number of Credits Earned:

Degree Received, if any:

School 3

Name: _____

State: _____

Date Attended From:

Date Attended To:

Number of Credits Earned:

Degree Received, if any:

Honor Pledge and Signature, Application Fee

All students at Marquette will be expected to take the university's Honor Pledge and follow the Honor Code. Upon entering Marquette you will be asked to abide by the Honor Code throughout your enrollment.

Honor Pledge

I recognize the importance of personal integrity in all aspects of life and work. I commit myself to truthfulness, honor and responsibility, by which I earn the respect of others. I support the development of good character and commit myself to uphold the highest standards of academic integrity as an important aspect of personal integrity. My commitment obliges me to conduct myself according to the [Marquette University Honor Code](#).

By signing this application, you acknowledge that all work submitted is your own.

In place of your signature, please type your full legal name.

**\$40 Application Fee: Submit check made payable to: Marquette University,
Attn: Dr. Judy Maloney, Marquette University, PO Box 1881, Milwaukee, WI
53201-1881 phone (414) 288- 7251; fax (414) 288-6564**

or pay by credit card: Name on Card _____

Card Number _____

Exp. Date _____

CV Code _____

***Visa and MasterCard Only**

Background Information

Describe any activities requiring manual dexterity (e.g. activities requiring hand-eye coordination such as cross-stitching, sewing, art, crafts, playing musical instruments, auto repair, etc.) at which you are proficient.

Do you have any relatives who are dentists, are in dental school, or who have studies or are studying Dental Hygiene, Dental Assisting, Dental Laboratory Technology, or related dental fields?

Yes No

If yes, indicate name, relationship, dental degree or certificate.

Have you ever applied to dental school (including Marquette University School of Dentistry)?

Yes No

If yes, include the name of school to which you applied to and the year(s) of application. If accepted/enrolled, indicate dates of enrollment.

Have you ever been disciplined by any college, university, or professional school for: 1) unacceptable academic performance (academic probation, suspension, dismissal, ect.) or 2) conduct violations?

Yes No

If you answered yes to this question, you must provide an explanation. Include: 1) a brief description of the incident, 2) the specific charge(s) made, 3) related dates, 4) consequences and, 5) a reflection on the incident(s) and how the incident(s) impacted your life.

Are you currently under charge or have been convicted of felony?

Yes No

If yes, enter an explanation in this box. Include 1) a brief description of the incident and/or arrest, 2) specific charge made, 3) related dates, 4) consequences and 5) a reflection on the incident and how the incident has impacted your life.

Are you currently under charge or have been convicted of a misdemeanor?

Yes No

If yes, enter an explanation in this box. Include 1) a brief description of the incident and/or arrest, 2) specific charge made, 3) related dates, 4) consequences and 5) a reflection on the incident and how the incident has impacted your life.

Dental students interact with patients from many backgrounds. Other than English, indicate any language in which you feel comfortable conversing with native speakers:

Additional Language 1:

Additional Language 2:

Awards, Honors, Presentations, Publications, and Scholarships

Name: _____ Dates: _____
Organization: _____

Name: _____ Dates: _____
Organization: _____

Name: _____ Dates: _____
Organization: _____

Name: _____ Dates: _____
Organization: _____

Name: _____ Dates: _____
Organization: _____

Dentistry/Shadowing Experience

Supervisor: _____ Total Hours: _____
Type of Dentistry: _____ Dates: _____
Positions Type: _____

Brief Description: _____
.

Supervisor: _____ Total Hours: _____
Type of Dentistry: _____ Dates: _____
Positions Type: _____

Brief Description: _____
.

Supervisor: _____ Total Hours: _____

Type of Dentistry: _____ Dates: _____

Positions Type: _____

Brief Description:

.....

Supervisor: _____ Total Hours: _____

Type of Dentistry: _____ Dates: _____

Positions Type: _____

Brief Description:

.....

Supervisor: _____ Total Hours: _____

Type of Dentistry: _____ Dates: _____

Positions Type: _____

Brief Description:

.....

Supervisor: _____ Total Hours: _____

Type of Dentistry: _____ Dates: _____

Positions Type: _____

Brief Description:

.....

Supervisor: _____ Total Hours: _____

Type of Dentistry: _____ Dates: _____

Positions Type: _____

Brief Description:

.....

Extracurricular/Volunteer/Community Service

Organization: _____ Total Hours: _____

Position Title: _____ Average Weekly Hours: _____

Dates: _____

Brief Description:

.....

Organization: _____ Total Hours: _____

Position Title: _____ Average Weekly Hours: _____

Dates: _____

Brief Description:

.....

Organization: _____ Total Hours: _____

Position Title: _____ Average Weekly Hours: _____

Dates: _____

Brief Description:

.....

Organization: _____ Total Hours: _____

Position Title: _____ Average Weekly Hours: _____

Dates: _____

Brief Description:

.....

Organization: _____ Total Hours: _____

Position Title: _____ Average Weekly Hours: _____

Dates: _____

Brief Description:

.....

Organization: _____ Total Hours: _____

Position Title: _____ Average Weekly Hours: _____

Dates:

Brief Description:

.....

Organization: _____ Total Hours: _____

Position Title: _____ Average Weekly Hours: _____

Dates:

Brief Description:

.....

Organization: _____ Total Hours: _____

Position Title: _____ Average Weekly Hours: _____

Dates:

Brief Description:

.....

Organization: _____ Total Hours: _____

Position Title: _____ Average Weekly Hours: _____

Dates:

Brief Description:

.....

Organization: _____ Total Hours: _____

Position Title: _____ Average Weekly Hours: _____

Dates:

Brief Description:

.....

Employment

Employer: _____ Total Hours: _____

Position Title: _____ Dates: _____

City, State: _____

Brief Description:

Employer: _____ Total Hours: _____

Position Title: _____ Dates: _____

City, State: _____

Brief Description:

Employer: _____ Total Hours: _____

Position Title: _____ Dates: _____

City, State: _____

Brief Description:

Employer: _____ Total Hours: _____

Position Title: _____ Dates: _____

City, State: _____

Brief Description:

Employer: _____ Total Hours: _____

Position Title: _____ Dates: _____

City, State: _____

Brief Description:

Research Experience

Investigator: _____ Total Hours: _____

Project Location: _____ Dates: _____

Position Title: _____

Brief Description:

.....

Investigator: _____ Total Hours: _____

Project Location: _____ Dates: _____

Position Title: _____

Brief Description:

.....

Investigator: _____ Total Hours: _____

Project Location: _____ Dates: _____

Position Title: _____

Brief Description:

.....

Investigator: _____ Total Hours: _____

Project Location: _____ Dates: _____

Position Title: _____

Brief Description:

.....

Disadvantaged Student Section

Do you believe you may qualify as a disadvantaged applicant (social, economic, or educational)?

- Yes No

Reasons may include, but are not limited to:

- First generation to attend college
- Graduated from high school with low graduating number
- Graduated from high school with high percentage of free/reduced lunches
- If/family receive public assistance (e.g Families with Dependent Children, food stamps, Medicaid, public housing)
- Family lives in area designated as a health profession shortage area or medically underserved
- From high school where 50% or less of graduates go to college
- From high school where college education is not encouraged
- English not primary language

Participated in an academic enrichment program funded in whole or in part by the Health Careers Opportunity Program High school dropout who received AHS diploma or GED

Diagnosed with a physical/mental impairment that limits participation in educational opportunities offered by a college

Accepted to the health professions program after academic reassessment at the completion of remedial courses

Come from an economically disadvantaged background

Please provide a description of the area(s) where you spent the majority of your life from birth to age 18, including the city, state, and country.

Did you grow up in a single parent household?

- Yes No

If yes, please describe in the box below

Number of siblings:

Provide any information about your background that can help clarify your disadvantaged student status.