

**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](mailto: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, Visa and MasterCard Only: [Pay Now](#)**

Instructions:

1. Click on Pay Now link
2. Enter Application Fee, \$40
3. Click Pay Now
4. Enter credit card information
5. For Payment Reason select BISC Post Baccalaureate Program Application Fee

## 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 studied 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: \_\_\_\_\_  
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Supervisor: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Type of Dentistry: \_\_\_\_\_ Dates: \_\_\_\_\_

Positions Type: \_\_\_\_\_

Brief Description:

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Supervisor: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Type of Dentistry: \_\_\_\_\_ Dates: \_\_\_\_\_

Positions Type: \_\_\_\_\_

Brief Description:

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Supervisor: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Type of Dentistry: \_\_\_\_\_ Dates: \_\_\_\_\_

Positions Type: \_\_\_\_\_

Brief Description:

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Supervisor: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Type of Dentistry: \_\_\_\_\_ Dates: \_\_\_\_\_

Positions Type: \_\_\_\_\_

Brief Description:

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Supervisor: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Type of Dentistry: \_\_\_\_\_ Dates: \_\_\_\_\_

Positions Type: \_\_\_\_\_

Brief Description:

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**Extracurricular/Volunteer/Community Service**

Organization: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Position Title: \_\_\_\_\_ Average Weekly Hours: \_\_\_\_\_

Dates: \_\_\_\_\_

Brief Description:

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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:

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Organization: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Position Title: \_\_\_\_\_ Average Weekly Hours: \_\_\_\_\_

Dates: \_\_\_\_\_

Brief Description:

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Organization: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Position Title: \_\_\_\_\_ Average Weekly Hours: \_\_\_\_\_

Dates:

Brief Description:

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Organization: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Position Title: \_\_\_\_\_ Average Weekly Hours: \_\_\_\_\_

Dates:

Brief Description:

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Organization: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Position Title: \_\_\_\_\_ Average Weekly Hours: \_\_\_\_\_

Dates:

Brief Description:

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Organization: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Position Title: \_\_\_\_\_ Average Weekly Hours: \_\_\_\_\_

Dates:

Brief Description:

.....

Organization: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Position Title: \_\_\_\_\_ Average Weekly Hours: \_\_\_\_\_

Dates:

Brief Description:

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**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:

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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:

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**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.