To complete your application for the UT/CASE Dental program, please submit the following items:

1. **A one page Personal Statement.**
   In this statement, please write about how you became interested in a career in dentistry, what steps you have taken to explore this career, what skills/personal traits you feel you would bring to this profession, and any additional information you feel the Admissions Committee members should know when considering your candidacy.

2. **An official copy of your high school transcript.** Although you have already submitted a high school transcript to UT’s undergraduate Admissions Office, an additional copy needs to be in your file that will be submitted to the College of Dentistry’s Admissions Office.

3. **An official copy of your college transcript if you have completed college courses while in high school.**

4. **Three (3) letters of recommendation:**
   At least two of these letters must be from high school teachers. One letter should be from a dental practitioner. You can have your recommenders attach the Recommendation Letter Evaluation form to their letters and return to you in a sealed envelope, or they can mail the letters directly to me.

5. **Resume:**
   On your resume please include extra-curricular activities, officer positions held in organizations/clubs, volunteer activities, honors/awards received, work experiences, hobbies/interests.

6. **Deadlines:**
   The additional materials can be sent as soon as you have been given your acceptance to UT’s Pre-dental Program, however, must be in the Pmed/Pden/Pvet Office no later than February 1st. Selected applicants will be interviewed by the Admissions Committee at the Case School of Dental Medicine in Cleveland, OH before the end of May.

If you have any questions, please contact Ms. Schnarre. Return your application materials by the above stated deadline to:

Ms. Sharon L. Schnarre  
2801 W. Bancroft Street  
UH 3000  
University of Toledo  
Toledo, OH  43606-3390  
(419) 530-2102, e-mail: sharon.schnarre@.utoledo.edu
APPLICATION FOR THE UT/CASE UNIVERSITY’S SCHOOL OF DENTAL MEDICINE
SEVEN YEAR PROGRAM

Full Name
(Last) (First) (Middle Initial)

Home Address
(Street) (City) (State) (Zip Code)

Telephone
Email

High School
(Name) (City) (State) (Zip Code)

Rocket ID
High School Grad. Date

RECOMMENDATIONS: Provide the names, titles and phone numbers of three individuals that will provide letters of recommendation with this application. At least two of these individuals should be high school teachers; the remaining letter can be provided by a counselor or employer that has first-hand knowledge & your academic or employment performance.

1. ______________________  2. ______________________  3. ______________________
   Name                   Name                   Name
   Title                  Title                   Title
   School/Institution    School/Institution    School/Institution

CERTIFICATION: I have completed this application and certify that all information provided on this application form and in the supplemental materials is complete and accurate to the best of my knowledge.

Signature of Applicant ____________________________ Date ____________

**************************************************************************
UT PDEN OFFICE USE ONLY - DO NOT WRITE IN THE SPACE BELOW

Date application materials received: ______________________

Cumulative GPA / Scale ______ out of _________

ACT composite out of 36 _____________________ SAT Math/Reading out of 1600_____

Please return all materials to:
Ms. Sharon L. Schnarre
2801 W. Bancroft Street, UH 3000
University of Toledo
Toledo, OH 43606-3390
TO THE APPLICANT:
Please read the following, complete the requested information, and then give this form to your recommender.

Applicant Name: ___________________________ SS#: ___________________________
(Please Print)

Under the Family Educational Rights and Privacy Act of 1974 you are entitled to review any materials kept in your student file, including recommendation letters. You may choose to waive your right to read this recommendation thereby enabling your recommender to submit a confidential evaluation of your credentials. It is your option to Waive or Retain your right to review this recommendation and your choice will have no bearing on the College of Medicine’s Admissions Committee’s decision regarding your selection for this program.

I hereby    ☐ waive    ☐ retain    my right of access to the recommendation written by:
(Check 1 box)

(Print Name of Recommender)

TO THE RECOMMENDER:
This student is applying for admission into the University of Toledo/Case Western Reserve University’s School of Dental Medicine Special program and is requesting a recommendation letter from you in support of his/her application. The Admissions Committee members value your insights with respect to this student’s intellectual abilities, maturity, and personal characteristics. When possible, cite specific examples to help illustrate attributes displayed by the student. The following list is intended to provide guidance in writing your recommendation letter. Do not feel obligated to discuss every point unless it is relevant to your interactions with this student.

1. PERSONAL ATTRIBUTES:
   Please emphasize those traits that indicate special promise (or potential problems) for this individual a dental program or career. The Admissions Committee is particularly interested in your assessment of this student’s maturity level.

2. ACADEMIC ACHIEVEMENT:
   Teacher’s comments might include the following:
   a. Academic achievement relative to other students at your school;
   b. Consistency of performance; analytical abilities; potential to handle a professional curriculum;
   c. Degree of difficulty of high school program --honors courses, AP courses, college courses through post-secondary programs

3. EXTRA-CURRICULAR / AVOCATIONAL ACTIVITIES:
   Any activities that indicate this student’s motivation for a health professions career, illustrate his/her compassion for others, demonstrate his/her leadership skills or reveal his/her interpersonal skills are of special interest.

4. HONORS RECEIVED, ACADEMIC OR NON-ACADEMIC:
   Specify the competition or degree of selectivity of such awards; e.g., how many were awarded and who was in the applicant pool (e.g. national award, local award, etc.).

Please attach your signed recommendation letter to this form, place in a sealed envelope, sign your name across the flap and return to the student for him/her to include with the additional application materials. If you prefer to send the letter under separate mail, then please send to:

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