**Identifying Information**

|  |  |
| --- | --- |
| **Legal (preferred) name**:  | **Andrew ID**:  |
| **Personal email**:  | **State of residency**:  |
| **Citizenship**: US International:  | **Cell Phone**:  |
| **Birth Sex:**  Female  Male  decline to answer | **Gender Identity: (optional)**

|  |  |
| --- | --- |
|  Female  |  Trans female / trans woman  |
|  Male  |  Trans male / trans man  |
|  Genderqueer / gender non-conforming |  Other:  |

 |
| **Desired track(s)**: DDS/DMD DDS/PhD DDS/MPH other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Education (*indicate n/a if not applicable*)**

|  |  |
| --- | --- |
| CMU Major [add’l Major]: |  |
| Minor(s): |  |
| Grad-level courses taken: |  |
| Other Institution -or- Post-bacc program: |  |
| Pre-req courses completed outside CMU: |  |
| CMU Graduation date: |  | Units completed at time of application: |  |
| Total undergrad GPA: |  | Total Post-bacc GPA: |  |
| Science GPA (BCPM): |  | Post-Bacc Science GPA (BCPM): |  |

**Honors**

Academic:

Research:

Scholarships:

Other:

**Biographic Information**

Provide a brief biography. Feel free to describe anything unique or challenging about your past (family, childhood, parents’ careers, siblings, family members in health care, first-gen status, gender identity, disability, disadvantaged status) that speaks to your independence, perseverance, tolerance, cultural appreciation, adaptability, reliability, dedication…etc.

**If you are taking / took a Gap year(s), briefly describe what you plan to do / did and why**:

Number of Gap years: \_\_\_\_\_

**Work / Activities:** *All boxes in this section are limited to 600 characters EXCEPT your six most meaningful experiences, which are limited to 1000 characters. If more than one of same experience type, add additional boxes.*

**Clinical Shadowing**: Describe who you shadowed and how shadowing impacted your path to becoming a clinician. If none, why.

Start date: End date: Total hours:

**Community Service (clinical)**: Describe what you did and how your clinical volunteerism impacted your path to becoming a clinician. If none, why.

Start date: End date: Total hours:

**Community Service (non-clinical)**: Describe what you did and how your service impacted your path to becoming a clinician. If none, why.

Start date: End date: Total hours:

**Teaching / Tutoring**: List courses you TA’d/served as EXCEL or SI Leader, what you did, and how your teaching impacted your path to becoming a clinician.

Start date: End date: Total hours:

**Leadership**: Describe any significant positions of leadership or times you served in a leadership role and how it impacted your reasons for pursuing a career in health care.

Start date: End date: Total hours:

**Employment**: If you worked in college, describe what you did and how your employment impacted your path to becoming a clinician.

Start date: End date: Total hours:

**Research**: List name of Primary Investigator, then describe 1) what research you did, 2) why you chose that project, and 3) what you learned.

Start date: End date: Total hours:

**Publications / Presentations**: List any publications or presentations. (≤ *600 characters including spaces*)

**Athletics**: Describe your involvement on collegiate athletics and how it informed your desire to become a clinician.

Start date: End date: Total hours:

**Extracurriculars / hobbies**: Describe your creative / artistic pursuits / manual dexterity training and how these activities will make you a better clinician.

Start date: End date: Total hours:

**Other**: Use this space to describe anything unique you want admissions to know about you that is not detailed above.

**Supplemental Questions:** (*Limit responses to 350 words or less*.)

1. **Tell us about a challenging problem you faced and how you resolved it.**
2. **Describe how you will enrich the diversity of your entering dental school class.**
3. **COVID-19**: Use this space to describe how you have been impacted by COVID-19, e.g., how it affected your ability to shadow or volunteer, how it impacted your learning, and how your desire to become a dentist has changed.
4. **Mission:** In 500 characters or less, please articulate your personal mission statement.

**Anticipated List of Dental Schools**

*Please highlight your top 3 choices of schools*

**Personal Statement: ≤ 4,500 characters including spaces**

**Standardized Test score(s)**:

DAT: date: date:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section** | **Raw Score** | **Percentile** |  | **Raw Score** | **Percentile** |
| Natural Sciences |  |  |  |  |  |
| Biology |  |  |  |  |  |
| Inorganic Chem |  |  |  |  |  |
| Organic Chem |  |  |  |  |  |
| Perceptual Ability |  |  |  |  |  |
| Reading Comprehension |  |  |  |  |  |
| Quantitative Reasoning |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |

Did you take a prep course? YES / NO

Did you self-study? YES / NO

Approximately how many hours did you study?

**WAIVERS:**

I am requesting a committee letter of evaluation concerning my qualifications for admittance to dental school. I understand that a candid evaluation is being sought and that the letter will be sent by the Health Professions Program of Carnegie Mellon University to the programs to which I am applying. I hereby authorize the Health Professions Program of Carnegie Mellon University to disclose any information relating to my current or former status as a student, including but not limited to any information which may be deemed to be personally identifiable information from my student education records pursuant to the Family Educational Rights and Privacy Act (FERPA) of 1974 or which may otherwise be protected under applicable privacy laws.

RIGHT TO INSPECT LETTERS OF RECOMMENDATION

Under FERPA, you as an applicant have the right to review your educational records. FERPA further provides that you may waive your right to inspect recommendations. Please indicate whether you wish to waive this right by checking the appropriate box below and signing your name. If you do not select an option below, by default you hereby agree to waive your right of inspection.

□ I waive my right to inspect any letters of evaluation or other information disclosed pursuant to this release.

□ I do not waive my right to inspect any letters of evaluation or other information disclosed pursuant to this release.

AUTHORIZATION TO ACCESS UNDERGRADUATE RECORD

□ I give permission to the members of my interview committee to access a copy of my Undergraduate Academic Record for purposes of reviewing my application to dental schools.

□ I do not give permission to the members of my interview committee to access a copy of my Undergraduate Academic Record for purposes of reviewing my application to dental schools.

**The following is required for the CMU HPP to prepare and release your committee letter**:

□ I will release my common application to the CMU pre-health advisor.

**Applicant’s signature: Date:**