UCONN

SCHOOL OF DENTAL MEDICINE

Passport to Dentistry

January 14, 2026

Instructions:

If you are interested in attending the Passport to Dentistry Program, please complete the following electronic application, save it to your computer and send the file as an attachment to dentalschooladmissions@uchc.edu. Applications will be available for submission until **Monday, December 8, 2025**. You will be notified no later than **Wednesday, December 17, 2025,** if your application has been approved and if there is space available.

1. NAME:_____
First Name Middle Name Last Name

DATE OF BIRTH (MM/DD/YYYY):_____AGE:_____

PLACE OF BIRTH: _____

CITIZENSHIP: ☐USA ☐PERMANENT RESIDENT ☐OTHER (SPECIFY)_____

2. LEGAL RESIDENCE:_____
STREET/APARTMENT/PO BOX

_____
CITY STATE ZIP CODE

3._____
AREA CODE/TELEPHONE NUMBER AREA CODE/CELL PHONE NUMBER

4._____
E-MAIL ADDRESS (MOST FREQUENTLY USED)

LIST IN CHRONOLOGICAL ORDER ALL SCHOOLS YOU HAVE ATTENDED SINCE HIGH SCHOOL

INSTITUTION CITY DATES ATTENDED

_____

_____

_____

MAJOR_____

DEGREE/DATE GRANTED_____

_____

INDICATE SCHOOL CURRENTLY ATTENDING AND PRESENT GRADE POINT AVERAGE:

☐ FRESHMAN/1ST YEAR ☐ SOPHOMORE /2ND YEAR ☐ JUNIOR/ 3RD YEAR
☐ SENIOR/4TH YEAR ☐ COLLEGE GRADUATE

UNDERGRADUATE GPA:_____ SCIENCE GPA: _____

TEST SCORES:

SAT: W_____M_____CR_____

MCAT: VR_____PS_____WS_____BS_____

DAT: AA_____PAT_____QR_____RC_____BI_____GC_____OC_____TS_____

Father:

Name:_____ Occupation: _____

Education: _____

Mother:

Name:_____ Occupation: _____

Education: _____

Are you a First-Generation College student? Yes No

Federal Family Educational Rights and Privacy Act

I hereby consent to the disclosure of student information records maintained by the UConn School of Dental Medicine program. This information will be maintained in a confidential manner and will be used only for the purposes of the program's evaluation. Use is consistent with the Federal Family Educational Rights and Privacy Act of 1974, or other state or federal laws, regulations, or policies. I understand that this permission may be withdrawn at any time.

Applicant Signature (Type Name) Date

Parent/Guardian Signature Date_____

(Please sign if you are a parent or guardian of an applicant under eighteen years of age)

I certify that the information submitted in this application is complete and true to the best of my knowledge.

_____ _____

Signature (Type Name) Date