



DMDAS Supplemental Application
Office of Admissions
801 S. Paulina St., Room 104
Chicago, IL 60612

1 Full Legal Name

Male Female

Last/Family Name/Surname

First/Given/Personal

Middle

2 UIN

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3 Current Mailing Address

Number and street or rural route

Apt. No.

City or Town

State (or Country)

Zip Code

4 Current Phone Number

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Area Code

Telephone Number

5 Birthdate

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6 E-mail Address

CERTIFICATION: I understand that withholding information requested on this application or giving false information may make me ineligible for admission to the Doctor of Dental Medicine Program or subject to dismissal. **I certify that all the information that I have provided on the CAAPID application is complete and correct. This includes personal data, mailing address, ECE GPA, TOEFL, National Board Dental Examinations (NBDE) scores, colleges attended, degrees earned, volunteer, work experience, research, and academic enrichment programs.**

Please provide a copy of both sides of one form of official identification with this application.

Acceptable forms of identification include:

- US birth certificate
- Valid US passport (*information page*)
- US Naturalization certificate
- Valid US Permanent Residency card
- Proof of Asylum
- Visa information page
- Work authorization card

Signature: _____ **Date:** ____ / ____ / ____