

**University of Illinois at Chicago - College of Dentistry
2017 Pediatric Dentistry Supplemental Application**

First Name

Last Name

PASS ID

E-mail Address

Describe your career goals. Describe how the UIC program would complement your professional goals/interests. (250-750 characters)?

What has been (or was) the most challenging aspect of your dental education? Describe how you responded to and managed this challenge. (250-750 characters)

If you are a re-applicant to Pediatric Dentistry, describe your professional development since you last applied. (250-500 characters)

Please limit your responses to the space provided. Rename the PDF file to LastName_FirstName, and e-mail your completed application and photo to Jean O'Finn at jwantrob@uic.edu by September 1, 2017.