

**University of Illinois at Chicago - College of Dentistry  
2018 Pediatric Dentistry Supplemental Application**

First Name

Last Name

PASS ID

E-mail Address

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Describe your short -term and long-term 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)

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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](mailto:jwantrob@uic.edu) by September 1, 2018.