



**PERSONAL STATEMENT  
IN SUPPORT OF APPLICATION**

**COLLEGE OF DENTISTRY (MC 621)**

The University of Illinois at Chicago  
801 South Paulina Street  
Chicago, Illinois 60612-7211

Please complete this form and return it to the College of Dentistry. Typing is preferred. If you do not type, please print legibly.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

(        )  
\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Program for which you are applying

Indicate below (and on the reverse side) why you wish to pursue advanced study, how and when you became interested in the specialty for which you are making application, and why you applied to the University of Illinois. What do you expect from this program? Also, indicate your tentative plans after completion of the program.