

University of Pittsburgh School of Dental Medicine

Dental Hygiene Program
3501 Terrace Street, B-82 Salk Hall
Pittsburgh, PA 15261
412-648-8432 / hygieneadmissions@pitt.edu

Office Use Only
Application fee paid:
Application fee waived:
Date: _____

Program Application

Applicant Name

Last Name	First Name	Middle Initial	Preferred First Name
Social Security			

Home Address

Number and Street 1
Number and Street 2
City, State, County, Postal code

Mailing Address

Number and Street 1
Number and Street 2
City, State, County, Postal code

Telephone

Home	Work	Mobile	Preferred

Email

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Voluntary Demographic Information: This demographic information is requested on a voluntary basis and is designed to demonstrate the University's compliance with civil rights laws. Participation is optional, and refusal to provide information will not subject you to any adverse treatment or otherwise affect consideration of your application. The information supplied will be kept confidential.

Date of Birth (mm/dd/yyyy)	Gender
	<input type="checkbox"/> Male <input type="checkbox"/> Female

Race/Ethnic Status

Please respond to both of the following questions:

Are you of Hispanic or Latino ethnicity (meaning a person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race)? Yes No

Please select one or more race(s)/ethnicity(ies) from the following groups that you identify with.

Asian Hispanic/Latino Black African/American White
 Native Hawaiian/other American Indian/Alaskan Native Other

Disability Accommodations

Disability identification is voluntary and confidential, and cannot affect your eligibility for admission. The University of Pittsburgh offers academic support accommodations for qualified, eligible students with disabilities. Please contact Disability Resources and Services immediately for information regarding eligibility requirements and deadlines that will ensure accommodations that require extended preparation time for the beginning of the term, e.g., sign language or oral interpreting, materials in alternative formats, etc. Application materials are also available in alternative formats upon request.

Location, Contact and Hours

140 William Pitt Union
3959 Fifth Avenue
Pittsburgh, PA 15260
Monday–Friday, 8:30 am to 5:00 pm
412-648-7890
412-624-3346 Fax

Citizenship

- U.S. Citizen** *(A person owing allegiance to the United States of America)*
- U.S. Immigrant Permanent Resident** *(One who intends to make the United States his or her permanent residents and who is in possession of a permanent immigration visa by the Department of Justice)*
- Nonimmigrant Student Visitor** *(All aliens who have residence in a foreign country that they have no intention of abandoning and whose stay in the United States is limited to a defined period of time and a definite purpose that, by its nature, may be promptly accomplished)*
- Refugee in the U.S.** *(All aliens who have fled or been rejected from their country of nationality for reasons of race, religion, political opinion, or war)*

Residency

- Are you a resident of Pennsylvania? Yes (More than one year) Yes (Less than one year) No
- Is your father/guardian a resident of Pennsylvania? Yes (More than one year) Yes (Less than one year) No
- Is your mother/guardian a resident of Pennsylvania? Yes (More than one year) Yes (Less than one year) No

Veterans

Are you currently serving or have you ever served in the U.S. armed services? Yes No

Do you plan to use your own, parents, or spouses military or veteran educational benefits to pay for your education at the University? Yes No

If you have questions about your government education benefits or resources available to veterans on campus or in the region, please contact the Office of Veterans Services at 412-624-3213 or veterans@pitt.edu

Academic Record (High School & College)

Institution	Location (City, State)	Degree/Major and Date Awarded

SAT I (Scholastic Achievement Test I)

Date Completed	Math Score	Verbal Score	Writing Score

TOEFL/IELTS (International applicants only)

Test Name	Date Taken	Total Score

Please list any honors, extracurricular activities, honorary groups, hobbies, recreational interests, publications, independent studies, or research activities, etc. *(Under the terms of the Fair Educational Act of 1961 of the Commonwealth of Pennsylvania, you are not required to disclose any activities that might reveal race, religion, or national origin, unless it is your desire that the admissions committee has this information:*

Activities (High School & College)

Activity	Institution	Level of Involvement	Year(s) Participated

Has your academic education ever been interrupted or affected adversely for reasons other than conduct or academic performance? Yes No If yes, please describe.

Have you ever been disqualified, suspended, dismissed or subject to a disciplinary action at any college or university in connection with your academic performance? Yes No If yes, please explain the specific charge(s) made and the disciplinary action(s) taken regarding each disqualification, suspension, dismissal, or disciplinary action.

Have you ever been found to have violated a school rule, policy or procedure, or an honor code or have you otherwise been disqualified, put on probation, suspended, dismissed, expelled, or otherwise been subject to disciplinary action at any college/ university in connection to misconduct? Yes No If yes, please include any and all instances of misconduct.

Are you currently under charge or have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? Yes No If yes, enter a brief explanation, date, current status and outcome of the charge.

List all courses you are presently enrolled in or that you plan to take prior to entering:

Course Title	Institution	Credits	Term & Year

Employment Record (Beginning with the latest

Employer Name/Address	Most Recent Position Held	Start Date	End Date

Have you been awarded or are you applying for a fellowship, traineeship, or scholarship? Yes No

If yes, please give the name of the sponsor or probable sponsor: _____

If no, please give plans for financing the cost of your education: _____

Have you carefully reviewed the costs associated with attending this program? Yes No

Please give the names and contact information of the three individuals who have been asked to serve as a reference for you.

Name	Title/Position	Contact Information

Write an essay on your reasons for wanting to study in this field and your plans for the future.

The University of Pittsburgh, as an educational institution and as an employer, values equality of opportunity, human dignity, and racial/ethnic and cultural diversity. Accordingly, the University prohibits and will not engage in discrimination or harassment on the basis of race, color, religion, national origin, ancestry, sex, age, marital status, familial status, sexual orientation, gender identity or expression, disability, or status as a disabled veteran or a veteran of the Vietnam era. Further, the University will continue to take affirmative steps to support and advance these values consistent with the University's mission. This policy applies to admissions, employment, and access to and treatment in University programs and activities. This is a commitment made by the University and is in accordance with federal, state, and/or local laws and regulations.

For information on University equal opportunity and affirmative action programs and complaint/grievance procedures, please contact:

University of Pittsburgh
Office of Affirmative Action, Diversity, and Inclusion
500 Craig Hall, 200 S. Craig Street
Pittsburgh, PA 15260
Phone: 412-648-7860
Fax: 412-648-7864

Applications must be submitted directly to the Dental Hygiene Program to be considered for admission and must accompany a \$55 application fee made payable to the University of Pittsburgh.

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Signature: _____ **Date:** _____