**The 2013 ADEA AADSAS Application**

**Biographic Information**

You may make revisions to this section any time during the application process. After February 1, submit all changes directly to your designated dental schools.

**Preferred Address**

 Enter your Preferred Address

ADEA AADSAS and the dental schools will use this address to send you any correspondence. If your address changes at any time during the application process, login to your application and update your address. Keeping your Preferred Address updated helps assure that you do not miss important information.

**Street, Line 2**

If needed, enter an apartment number or additional address information in this field. If not, leave this field blank

**City**

 Type the name of your city

**Country**

Select your country from the pull down menu

**State/Province**

   Select your state or province from the pull down menu

**Zip Code**

   Enter your zip or postal code

**County**

   Enter the name of your county

**Telephone**

   Provide the phone number where admissions officers can contact you

If your phone number changes, login to your ADEA AADSAS application account and update. If you do not live in the United States, enter your local telephone number in this field. You can enter your Telephone Country Code and Telephone City Code in the fields below.

**Cell Number**

   Provide the cell phone number where admissions officers can contact you

If your phone number changes, login to your ADEA AADSAS application account and update.

**Fax Number**

    Enter a fax telephone number, if one is available

**Telephone Country Code (non-U.S.)**

    If you do not live in the United States, enter your Telephone Country Code

**Telephone City Code (non-U.S.)**

   If you do not live in the United States, enter your Telephone City Code

**Email Address**

Preferred Email Address

Email is the primary mode of communication between ADEA AADSAS and applicants. Urgent ADEA AADSAS correspondence **will only be sent to you via email**. Be sure to keep your email address updated at all times. It is the applicant’s responsibility to regularly check both their email and ADEA AADSAS application for important messages from ADEA AADSAS. Providing an incorrect email address will result in you not receiving important messages from ADEA AADSAS and/or the dental schools.

Some email messages from ADEA AADSAS are sent to multiple applicants, which makes some email systems identify ADEA AADSAS messages as spam or junk email. Some email providers use filters to prevent users from receiving spam. Email filters may interpret an email from ADEA AADSAS or a dental school as spam and automatically delete a message to you about the status of your application. To avoid missing important ADEA AADSAS emails, turn the “spam” or “junk” email filters off during the application cycle. If your email provider does not allow you to turn the filter off, you may have to access a “junk mail file” that archives all messages identified as sent to multiple addresses. Periodically check your spam/junk email file for ADEA AADSAS or dental school related messages. If you do not currently have an email address or are unable to turn off the spam/junk filters described, please establish a new email account.

These are a few free email services for you to consider. (This is not a comprehensive list and does not reflect an endorsement or guarantee of reliable service.)

* Yahoo.com
* Email.com
* Hotmail.com
* Gmail.com

**Permanent Address**

   Enter your permanent and/or legal address information if different from your Preferred Address

Select “Click here if this information is the same as the Preferred Address.” If your permanent address changes, login to your ADEA AADSAS application account and update your permanent address online.

**Street, Line 1**

   Enter your Permanent Address

ADEA AADSAS and the dental schools will use this address to send you any correspondence. If your address changes at any time during the application process, login to your application and update your address. Keeping your Permanent Address updated helps assure that you do not miss important information.

**Street, Line 2**

   If needed, enter an apartment number or additional address information in this field. If not, leave this field blank

**City**

   Type the name of your city

**Country**

   Select your country from the pull down menu

**State/Province**

   Select your state or province from the pull down menu

**Zip Code**

   Enter your zip or postal code

**County**

    Enter the name of your county

**Telephone**

   Provide the phone number where admissions officers can contact you

If your phone number changes, login to your ADEA AADSAS application account and update. If you do not live in the United States, enter your local telephone number in this field. You can enter your Telephone Country Code and Telephone City Code in the fields below.

**Telephone Country Code (non-U.S.)**

   If you do not live in the United States, enter your Telephone Country Code

**Telephone City Code (non-U.S.)**

   If you do not live in the United States, enter your Telephone City Code

**Fax Number**

   Enter a fax telephone number, if one is available

**Gender**

Male

Female

Do not wish to report

**Ethnicity and Race**

Many schools want to know more about your background. Providing information about your ethnicity and race requires answering a two-part question: **First**, you must indicate if you consider yourself to be of Hispanic origin. **Second**, you may select the racial classification(s) that you use to describe yourself. You can select one or more racial classifications. Within some categories of race, you are also asked to specify your ethnicity (e.g., Asian Indian, Cambodian, Chinese, etc.). Select any classifications that you use to identify yourself.

Consider these definitions when selecting your ethnicity and race.

* **Hispanic or Latino** 
  1. person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
* **American Indian or Alaska Native** 
  1. person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.
* **Asian** 
  1. person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.  **Black or African American**

A person having origins in any of the black racial groups of Africa.

* **Native Hawaiian or Other Pacific Islander** 
  1. person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
* **White** 
  1. Person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Ethnicity**

**Do you consider yourself to be of Hispanic origin?**

Yes

No

If yes, select the **Hispanic/Latino/Latina** box, and check all that apply below:

Cuban

Mexican, Mexican American, Chicano/Chicana

Puerto Rican

South or Central American

Other Spanish culture or origin

If other, please specify in the box provided.

If No, select the **No, not Hispanic/Latino/Latina** box.

**Race**

**Which of the following best describe your race? Please mark one or more races.**

**American Indian or Alaska Native**

Please specify the name of your enrolled or principal tribe.

**Asian**

Please check all of the below that apply:

Asian Indian

Cambodian

Chinese

Filipino

Japanese

Korean

Malaysian

Pakistani

Vietnamese

Other Asian

If other, please specify in the box provided.

  Other

**Black or African-American**

**Native Hawaiian or Other Pacific Islander**

Please check all of the below that apply:

Guamanian or Chamorro

Native Hawaiian

Samoan

Other Pacific Islander

If other, please specify in box provided.

  Other

**White**

**Place of Birth/Citizenship Information**

    Enter the full name of the city where you were born. Do not use abbreviations

**Date of Birth**

   Enter the month-day-year of your birth in the following format: **MM/DD/YYYY**

**City of Birth**

   Enter the month-day-year of your birth in the following format: **MM/DD/YYYY**

**State/Province of Birth**

   Select the state/province in which you were born from the drop-down menu box

If you were born outside the U.S./Canada, select “No State.”

**Country of Birth**

   Select the country in which you were born from the drop-down menu box

**Country of Citizenship**

   Select your country of citizenship from the drop-down menu box

**State/Province of Legal Residence**

   Select the state/province of which you are currently a legal resident

**Number of years living in U.S.**

   Enter the number of years you have been living in the United States

**Do you have U.S Military Experience?**

Yes

No

N/A

**Non-U.S. Citizens**

**Helpful Hints**

* If you have any type of Visa, you are not a U.S. Citizen. Refer to the non-U.S. Country codes.
* If you are currently applying for U.S. citizenship, but it has not been granted, you are not a U.S. citizen.
* If you are not a U.S. citizen, please report your Visa Information.

**U.S. Visa Status**

If you are a holder of a U.S. Visa, select the current status of your visa.

Permanent Resident (Green Card)

|  |  |
| --- | --- |
| B-1 (Visitor for Business)  B-2 (Visitor for Pleasure)  F1 (Student)  F2 (Spouse or Child of Student)  H1-B (Specialty Occupation)  J-1 (Exchange Visitors) | S2 (permanent resident but not a citizen)  G (Employees of international organizations that are located in the United States)    Other  Currently do not have a U.S. visa status |

\*If you are a **Permanent Resident** you do not have to complete the remaining fields of this section.

**City of Visa Issue**

   Enter the full name of the city that issued your Visa. Do not use abbreviations

**Country of Visa Issue**:

   Select the country where your Visa was issued from the pull down menu

**General**

**Do you have any ADEA AADSAS documents under another name?**

Yes

No

**Applicant's alias names**

ADEA AADSAS allows you to list alias names you may use. If you have required documents for your ADEA AADSAS application that we may receive under an alias name (**Example: Personal Statements**), you **must** record that information in this section. You have the option to list up to two first names, middle names, and last names. You should also list your preferred name or nickname to be sure that ADEA AADSAS can identify documents that we may receive for you under those names.

  Alias (First/Middle/Last) Names

**Parent and Family Information**

You will UnotU be able to revise this section after e-submitting your ADEA AADSAS application. Review your entries carefully before submitting.

Complete related questions as thoroughly as possible. If a parent is deceased or unknown, select that option and you do not need to complete questions related to that parent (address, phone number, occupation, legal state of residency, and highest level of education).

**Parent 1**

**Relationship to Applicant**

    Select the relationship of parent to the applicant from the drop-down menu box

**Indicate If Parent Is**

Select the status of parent from the drop-down menu box:

Living

Deceased

Unknown

Please skip all questions below if Unknown.

**Title**

   Select the prefix from the drop-down menu box

**First Name**

   Enter the first name of the specified parent

**Last Name**

   Enter the last name of the specified parent

**Middle Initial**

   Enter the middle initial of the specified parent

**Street, Line 1**

   Enter the house number and street name of the permanent address of the specified parent

**Street, Line 2**

   If needed, enter an apartment number or additional address information in this field. If not, leave this field blank

**City**

   Type the name of the parent’s city of residence

**State/Province**

   Select the state or province from the pull down menu

**Country**

   Select the country from the pull down menu

**Zip Code**

   Enter the zip or postal code

**Telephone**

    Provide the phone number of the specified parent

If parent does not live in the U.S. enter the local telephone number of the country where the parent resides. You can enter the Telephone Country Code and Telephone City Code in the below fields below.

**Telephone Country Code (non-U.S.)**

    If this parent does not live in the United States, enter the Telephone Country Code

**Telephone City Code (non-U.S.)**

   If this parent does not live in the United States, enter the Telephone City Code

**Occupation**

   Enter the occupation of the specified parent

**Education**

   Select the level of education completed by the specified parent from the drop-down menu box

**Parent 2**

**Relationship to Applicant**

   Select the relationship of parent to the applicant from the drop-down menu box

**Indicate If Parent Is**

Select the status of parent from the drop-down menu box:

Living

Deceased

Unknown

**Title**

   Select the prefix from the drop-down menu box

**First Name**

   Enter the first name of the specified parent

**Last Name**

   Enter the last name of the specified parent

**Middle Initial**

   Enter the middle initial of the specified parent

**Street, Line 1**

   Enter the house number and street name of the permanent address of the specified parent

**Street, Line 2**

 If needed, enter an apartment number or additional address information in this field. If not, leave this field blank

**City**

   Type the name of the parent’s city of residence

**State/Province**

   Select the state or province from the pull down menu

**Country**

   Select the country from the pull down menu

**Zip Code**

   Enter the zip or postal code

**Telephone**

    Provide the phone number of the specified parent

If parent does not live in the U.S., enter the local telephone number of the country where the parent resides. You can enter the Telephone Country Code and Telephone City Code in the below fields below.

**Telephone Country Code (non-U.S.)**

   If the parent does not live in the United States, enter the Telephone Country Code

**Telephone City Code (non-U.S.)**

   If the parent does not live in the United States, enter the Telephone City Code

**Occupation**

   Enter the occupation of the specified parent

**Education**

   Select the level of education completed by the specified parent from the drop-down menu box

**Siblings**

   Indicate the number of brothers and sisters you have. Enter 9 if you have 9 or more

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**Background Information**

You will UnotU be able to revise this section after e-submitting your ADEA AADSAS application. Review your entries carefully before submitting.

**Q1**. **Describe any activities requiring manual dexterity (e.g. activities requiring handeye coordination such as cross-stitching, sewing, art, crafts, playing musical instruments, auto repair, etc.) at which you are proficient.**

The text box allows you to provide a brief description of any activities you wish to list. You are limited to 600 characters, including spaces.

**Q2. Do you have any relatives who are dentists, are in dental school, or who have studied or are studying Dental Hygiene, Dental Assisting, Dental Laboratory Technology or related dental**

**fields?**  **(Yes/No)**

If "yes", indicate name, relationship, and name of school, dental degree or certificate, year of graduation or expected graduation. You are limited to 600 characters, including spaces.

Provide the name of any relatives, along with any other information about them that admissions committees might find helpful, including relationship, name of educational institution attended, degree earned (e.g., RDH, DDS, DMD), etc., and year of graduation.

**Q3. Have you ever been disqualified, suspended, dismissed, or otherwise subject to a disciplinary action at any college or university in connection with your academic**

**performance?** (Yes/No)

If you answered “yes” enter an explanation here regarding each disqualification, suspension, dismissal, or disciplinary action.

Include (1) a brief description of situation, (2) the specific charge(s) made, (3) the disciplinary action taken, and (4) a reflection on the experience and how the experience has affected your life. You are limited to 600 characters, including spaces.

**Note:** Answering “yes” will not automatically disqualify you for admission to a dental program. Many individuals learn from the past and emerge stronger as a result. Full disclosure enables programs to evaluate more effectively within the context of your credentials. Dental Schools may request verification from institutions previously attended that you were not involved in disciplinary actions. Failure to provide accurate information in response to this question may jeopardize your application to dental school. You are limited to 600 Characters, Including spaces.

Applicants often ask if they answer “yes” to this item, will their chances of admission be diminished? As the information above indicates, it may or it may not. However, failing to answer truthfully could certainly jeopardize your application.

**Q4. 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 you answered “yes” enter an explanation here regarding each disqualification, suspension, dismissal, or disciplinary action.

Please include any and all instances of misconduct, regardless of whether the school maintains a record of such misconduct or formal action, or whether it appears on your transcript. If you answered “yes”, enter an explanation here regarding each violation. Include (1) a brief description of the situation, (2) the specific charges(s) made, (3) the disciplinary action taken, and (4) a reflection on the experience and how the experience has affected your life.

**Note:** Answering “yes” will not automatically disqualify you for admission to a dental program. Many individuals learn from the past and emerge stronger as a result. Full disclosure enables programs to evaluate more effectively within the context of your credentials. Dental Schools may request verification from institutions previously attended that you were not involved in disciplinary actions. Failure to provide accurate information in response to this question may jeopardize your application to dental school.

Applicants often ask if they answer “yes” to this item, will their chances of admission be diminished? As the information above indicates, it may or it may not. However, failing to answer truthfully could certainly jeopardize your application.

**Q5. Have you ever applied to dental school prior to the present application cycle?** **(Yes/No)**

If "yes", include the name of schools to which you applied and year(s) of application. If accepted/enrolled, indicate dates of enrollment.

You are limited to 600 characters, including spaces. Indicating “yes” to this item does not jeopardize your candidacy to dental school. There are many reasons why an applicant would have applied in previous years. Answer this question truthfully, providing all information requested.

**Q6. Have you previously, or are you currently applying to a health profession school other than dental school? (Yes/No)**

If "yes", indicate school(s), type of program, year applied, and also indicate if you were accepted and/or enrolled.

You are limited to 600 characters, including spaces.

Indicating “yes” to this item does not necessarily jeopardize your candidacy to dental school, but you should be prepared to tell admissions committees why you are applying to two (or more) types of programs simultaneously.

**Q7. Has your education ever been interrupted or affected adversely for reasons other than deficiencies in conduct or academic performance? (Yes/No)**

If "yes", indicate school(s), type of program, year applied, and also indicate if you were accepted and/or enrolled.

Admissions committees are interested in knowing of any special challenges you may have faced, as well as how you dealt with those challenges as you moved toward to educational goals. You are limited to 600 characters, including spaces.

**Q8. Dental students interact with patients from many backgrounds. Other than English, indicate any language in which you feel comfortable conversing with native speakers.**

   You have the ability to choose up to two additional languages.

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**Disadvantaged Status**

You will UnotU be able to revise this section after e-submitting your ADEA AADSAS application. Review your entries carefully before submitting.

Many dental schools seek to identify applicants who come from disadvantaged backgrounds. If you identify yourself as disadvantage, answer the questions in this section.

**Do you wish to be considered a disadvantaged applicant by any of your designated dental schools that may consider such factors (social, economic, or educational)?**

Yes

No

If Yes, Please answer the following questions:

**Provide any additional information about your background that can help clarify your disadvantaged student status.**

Enter an explanation in this field. Please limit your answer to 4500 characters.

**In what area did you spend the majority of your life from birth to age eighteen?**

   Select from the pull down menu.

**State/Province**

   Select state or province from pull down menu.

**County**

   Enter County in this field.

**City**

   Enter city in this field

**Country**

   Select the country from the pull down menu.

**Description:**

Provide a brief description of your childhood residence. Please limit your answer to 250 characters

**Do you believe that this area was medically/dentally under-served?**

Provide a brief description of your childhood residence. Please limit your answer to 250 characters

**Have you or members of your immediate family ever used federal or state assistance programs?**

Provide a brief description of your childhood residence. Please limit your answer to 250 characters

**What was the income level of your family during the majority of your life from birth to age eighteen?**

   Select from pull down menu.

**Did you have paid employment prior to age eighteen?**

   Select from pull down menu.

**Were you able to contribute to the overall family income (as opposed to working primarily for your own discretionary spending money)?**

   Select from pull down menu.

**How many people lived in your primary household during the majority of your life from birth to age eighteen?**

    Enter number in this field

**How have you paid or did you pay for your post-secondary education? For each of the applicable options, indicate the average percentage contribution towards your post-secondary education.**

   Enter average percentage contributions in these fields. The percentages entered should equal 100%:

(i.e., 35.5% for Academic Scholarship)

**Did you graduate from a high school from which a low percentage of seniors graduated, or a low percentage of students went to college?**

   Select from pull down menu.

**Did the high school you attended have many students eligible for free or reduced price lunches?**   Select from pull down menu.

**Secondary (High) School Information**

You will not be able to revise this section after e-submitting your application to ADEA AADSAS. Review your entries carefully before submitting.

**School Name**

   Enter name of the high school from which you graduated.

Enter “home-schooled” if you received in-home private tutoring. If you did not graduate from high school, but received your General Equivalency Diploma, enter “GED.”

**City**

   Enter the city name where your high school is located.

If you were home-schooled and/or obtained a GED, indicate the city where your secondary education took place.

**County**

   Enter the name of the county where your high school is located.

If you were home-schooled and/or obtained a GED, indicate the county where your secondary education took place.

**State or Country**

    Select the state or country of high school graduation from the drop-down menu box.

If you were homeschooled and/or obtained a GED, indicate the state where your secondary education took place. Indicate the state if you completed your secondary education in the U.S. or Canada. Indicate the country if you completed your secondary education outside the U.S. or Canada.

**Year of Graduation**

    Enter the year you graduated from high school or completed your secondary education.

**Colleges Attended**

You will not be able to revise this section after e-submitting your ADEA AADSAS application. However, you will be able to add newly completed courses during the Academic Update period. Review your entries carefully before submitting.

List all undergraduate, graduate and professional institutions you Uhave attended or plan to attend through the completion of Summer 2013. Enter all colleges and universities you attended EVEN IF THE COURSES are not required for admission to dental school or if they transferred to another institution. Include non-degree programs. If you attended foreign institutions, select “Non-U.S. Canadian (Foreign) College/University,” code #444444. Enter each institution only once, regardless of the number of degrees earned or gaps in the dates of attendance.

ADEA AADSAS requires a separate official transcript from each U.S. and Canadian institution attended, including branch campuses if they issue transcripts separately from the parent university. All transcripts must arrive at the ADEA AADSAS Transcript Processing Department by the application deadline dates of your designated schools.

If your transcript arrives at the ADEA AADSAS Transcript Processing Department after a school’s ADEA AADSAS deadline (and prior to February 1), but you submitted your application and paid your fee by the deadline, ADEA AADSAS will still send your application to the school; However, it is the school’s decision whether they will consider your application.

1. **Name of College or University**

* Select “Add New Entry”
* Select your college or university

* If you do not see your institution in the list, check to see if it may be listed under an alternate name. If your institution is not listed, select “Not Listed US/Canadian Institution” and contact ADEA AADSAS Customer Service at 617-612-2045 or aadsasinfo@aadsasweb.org. Customer Service representative will inform you of next steps to take.
* If you attended a foreign institution, select “Non-US Canadian (Foreign) Institution.”

**Enter name of non-U.S./non-Canadian institution if applicable**

   If you attended a foreign institution enter the name of your institution in this field.

1B**Dates of Attendance**

   Enter the beginning and ending dates of attendance, or anticipated end date, regardless of gaps in attendance.

**1st Degree**

   If you earned a degree from the institution, select the appropriate degree from the list. If you did not earn a degree from the institution, select “None.”

**1st Degree Status**

   Select the status of first degree for this institution at the time you submit your application to ADEA AADSAS. Select “No Degree Planned,” “Degree Expected,” or “Degree Awarded.”

**Date 1st Degree Earned or Anticipated**

   Enter the date you earned or expect to earn the first degree. If you will not earn a degree from this institution, leave the field blank.

**Major for 1st Degree**

   Enter official major course of study at the institution, if applicable. Select “No Major” if none.

**2nd Major for 1st Degree**

   Enter second major course of study at the institution. For instance, you completed a double major as an undergraduate student. Select “No Major” if you did not have a second major.

**2nd Degree from Same Institution**

   If you earned a second degree from the same institution, select the second degree from the list provided.

For example, you earned an Associate’s degree from ABC University and subsequently a Bachelor’s degree from ABC University. Enter your Bachelor’s degree information from ABC University in this section. (However, if you earned your Associate’s degree from ABC University and your Bachelor’s degree from XYZ university, do not list your Bachelor’s degree here; list it when you are entering degree information for XYZ university.)

**2nd Degree Status**

   Select the status of your second degree for this institution. Select “No Degree Planned,” “Degree Expected,” or “Degree Awarded.”

**Date 2nd Degree Earned or Anticipated**

   Enter the date you earned or expect to earn the second degree from the same institution. If you will not earn a degree from this institution, leave the field blank. Do not enter your minor.

**Major for 2nd Degree from Same Institution**

   Enter major or course of study for the second degree, if earned from the same institution.

**2nd Major for 2nd Degree from Same Institution**

   Enter second major for your second degree. If you did not have a second major, indicate “none.”

**Dental Certificate Earned**

   If you have earned a professional certificate in the field of dentistry, select the type of earned certificate from the drop-down menu box.

1. **Name of College or University**

* Select “Add New Entry”
* Select your college or university

* If you do not see your institution in the list, check to see if it may be listed under an alternate name. If your institution is not listed, select “Not Listed US/Canadian Institution” and contact ADEA AADSAS Customer Service at 617-612-2045 or aadsasinfo@aadsasweb.org. Customer Service representative will inform you of next steps to take.
* If you attended a foreign institution, select “Non-US Canadian (Foreign) Institution.”

**Enter name of non-U.S./non-Canadian institution if applicable**

   If you attended a foreign institution enter the name of your institution in this field.

1B**Dates of Attendance**

   Enter the beginning and ending dates of attendance, or anticipated end date, regardless of gaps in attendance.

**1st Degree**

   If you earned a degree from the institution, select the appropriate degree from the list. If you did not earn a degree from the institution, select “None.”

**1st Degree Status**

   Select the status of first degree for this institution at the time you submit your application to ADEA AADSAS. Select “No Degree Planned,” “Degree Expected,” or “Degree Awarded.”

**Date 1st Degree Earned or Anticipated**

   Enter the date you earned or expect to earn the first degree. If you will not earn a degree from this institution, leave the field blank.

**Major for 1st Degree**

   Enter official major course of study at the institution, if applicable. Select “No Major” if none.

**2nd Major for 1st Degree**

   Enter second major course of study at the institution. For instance, you completed a double major as an undergraduate student. Select “No Major” if you did not have a second major.

**2nd Degree from Same Institution**

   If you earned a second degree from the same institution, select the second degree from the list provided.

For example, you earned an Associate’s degree from ABC University and subsequently a Bachelor’s degree from ABC University. Enter your Bachelor’s degree information from ABC University in this section. (However, if you earned your Associate’s degree from ABC University and your Bachelor’s degree from XYZ university, do not list your Bachelor’s degree here; list it when you are entering degree information for XYZ university.)

**2nd Degree Status**

   Select the status of your second degree for this institution. Select “No Degree Planned,” “Degree Expected,” or “Degree Awarded.”

**Date 2nd Degree Earned or Anticipated**

   Enter the date you earned or expect to earn the second degree from the same institution. If you will not earn a degree from this institution, leave the field blank. Do not enter your minor.

**Major for 2nd Degree from Same Institution**

   Enter major or course of study for the second degree, if earned from the same institution.

**2nd Major for 2nd Degree from Same Institution**

   Enter second major for your second degree. If you did not have a second major, indicate “none.”

**Dental Certificate Earned**

   If you have earned a professional certificate in the field of dentistry, select the type of earned certificate from the drop-down menu box.

**Transcripts**

**PLEASE NOTE! THIS SECTION CAN BE FILLED OUT USING THE GPA CALCULATOR EXCEL DOCUMENT**

Carefully read all instructions regarding the submission of transcripts for the specified types of coursework: (1) U.S. and Canadian institutions, (2) Study Abroad, (3) International (Foreign non-English speaking), and (4)

U.S. overseas institutions.

**Note:** Re-Applicants should refer to the FAQs for “Re-Applicants” before submitting new transcripts

1. Arrange for a sealed official transcript, accompanied by a Transcript Matching Form to be sent directly to the ADEA AADSAS Transcript Processing Department from every accredited U.S. and Canadian institution you have attended.

ADEA AADSAS U**will not**U accept student-issued transcripts or transcripts sent by an applicant.

1. Transfer credit(s) appearing on a transcript cannot be accepted in lieu of an original transcript from the institution where the coursework was originally taken. Send transcripts for all colleges and universities you have attended regardless of whether course credit transferred to another college or university and appears on that transcript.

1. Arrange for the ADEA AADSAS Transcript Processing Department to receive all of your official transcripts by the application deadline date set by your designated dental schools. A dental school may choose not to consider your application for admission if ADEA AADSAS receives your transcripts late; however, ADEA AADSAS will verify coursework and forward your application to all designated dental schools even if your transcripts are received late (prior to February 15).

1. Obtain a personal copy of each transcript for your records and properly complete the Coursework section of your application.

1. It is your responsibility to verify and ensure that ADEA AADSAS has received all of your official transcripts. Check the status of your transcripts regularly by logging into your ADEA AADSAS application, select Status on the horizontal tool bar, and select Transcripts.

**Transcript Matching Form**

The Colleges Attended section of the ADEA AADSAS application allows you to print Transcript Matching Forms. ADEA AADSAS requires that you print a Transcript Matching Form for each transcript being requested and advise your Registrar’s office to attach the Transcript Matching Form to each official transcript. This form contains the school’s name and a bar code that helps ADEA AADSAS properly match your official transcripts to your ADEA AADSAS application. If your current name is different from the name listed on your transcript, you MUST include both your current and former name on the Transcript Matching Form.

Do Unot Uuse forms from previous ADEA AADSAS application cycles. They will not be accepted.

**How to Print a Transcript Matching Form**

1. Login to your ADEA AADSAS application, go to the Colleges Attended section of the Application Checklist, select Transcript Matching Form located to the left of each college attended.
2. Click on the icon in the “Transcript Matching Form” column to download and print the Transcript Matching Form.
3. Complete the form and submit to each registrar office of every accredited U.S. and Canadian college/university you have attended. Print a copy for each college and university attended. Each institution’s name is pre-printed on the Transcript Matching Form.
4. Be sure to advise the Registrar office to enclose the Transcript Matching Form with your official sealed transcript and mail it directly to the ADEA AADSAS Transcript Processing Department. ADEA AADSAS has difficulties matching official transcripts that are not accompanied by the Transcript Matching Form, which can result in a delay in processing your application.

All **U.S./Canadian and U.S. overseas transcripts** should be sent to:

**AADSAS Transcript Processing Department**

**P.O. Box 9110**

**Watertown, MA 02471**

**Canadian Transcripts**

Follow steps 1 – 5 on the previous page to have your English-speaking Canadian transcripts to be sent to ADEA AADSAS.

Canadian transcripts written in French must be submitted according to the international (foreign) transcript requirements.

**Study Abroad**

If you participated in a Study Abroad program under the sponsorship of a U.S. or Canadian institution and the international coursework appears on the U.S./Canadian transcript as regular itemized credit, only list the U.S. or Canadian institution on your ADEA AADSAS application. DO NOT list the international (foreign) institution. Arrange for only the U.S. or Canadian transcript to be sent to the ADEA AADSAS Transcript Processing Department. ADEA AADSAS processes study-abroad coursework in the same manner as U.S. and Canadian coursework.

**Overseas U.S. Institutions**

Overseas U.S. institutions are:

1. Located outside U.S. borders,
2. Accredited by a regional institutional accrediting agency recognized by the U.S. Department of Education, and
3. Use English as the primary language of instruction and documentation.

If you attended an overseas U.S. institution, report it to ADEA AADSAS in the same manner as your U.S. and (English-speaking) Canadian institutions, arrange for an official transcript to be forwarded to ADEA AADSAS. List all coursework on your ADEA AADSAS application. U.S. institutions with campuses overseas are also considered U.S. colleges for which transcripts are required and all coursework must be listed.

**International Transcripts**

Enter coursework taken at all international colleges/universities in the Coursework section. Be sure to designate that the coursework is “Overseas U.S Institutions” under the **Find a College Section**. Although ADEA AADSAS permits you to list foreign coursework in your application, ADEA AADSAS does not verify this coursework for authenticity and does not use grades from international transcripts in computing ADEA AADSAS GPA’s.

You are required to submit one transcript from every international college/university you have attended. ADEA AADSAS also encourages international applicants to submit a copy of any evaluation of international coursework that has been completed by an official credential evaluation service.

ADEA AADSAS will forward a photocopy of your international transcript and evaluation to your designated dental school.

All **international (foreign) transcripts** and transcript evaluations should be sent to:

**AADSAS International Transcript Processing Department c/o Liaison International 311 Arsenal Street, Suite 15**

**Watertown, MA 02472**

**How to Identify Coursework**

Note: Re-Applicants should refer to the FAQs for “Re-Applicants” before submitting new transcripts.

Report ALL coursework completed at U.S., U.S. overseas, and Canadian institutions exactly as it appears on your official transcript(s).

Include information and corresponding grades for every course you have ever taken at any U.S., U.S.

overseas or Canadian institution, regardless of whether credit was earned. All courses that appear on your official transcript (s) and for which a grade and credit were ever assigned will be included in the AADSAS GPA calculations, even if they are not included in the GPA calculations of the transcript-issuing school. This includes, but is not limited to:

* Courses that have been repeated. Both grades from repeated courses are used in calculating the ADEA AADSAS GPA, even if this is not the policy of your college/university.
* Courses that you failed, regardless of whether they have been repeated
* Courses you took in high school for college credit that appear on a college transcript
* Courses taken at American colleges overseas
* Advanced placement credit that appears on your transcript, even if you received credit only and no grade

Use a personal copy of your official transcript(s) to enter ALL of your college coursework attempted and earned (do not attempt to do this from memory). Enter courses chronologically, beginning with the oldest transcript to most recent. List all courses from a single transcript before you enter courses from the next transcript. Enter each course once from the transcript where it was originally taken, even if the credits transferred to another institution.

ADEA AADSAS verifies your self-reported courses against your official transcript(s) and will report any discrepancies to your selected dental institutions. ADEA AADSAS does not enter courses for you. ADEA AADSAS will contact you and return your application for corrections or explanations if it identifies a significant number of course discrepancies or omissions. Failure to properly enter all course information and to make corrections as requested may result in processing delays and may jeopardize your chances for admission.

**Distinguishing coursework completed outside of the U.S./Canada**

* **Study Abroad**: List all Study Abroad courses that appear on a U.S. or Canadian

transcript in English with itemized grades and credit hours in this “Coursework” section. For each Study Abroad course, select the name of the U.S. or English-speaking Canadian institution in which the Study Abroad credit and grades appear. If the U.S. or Canadian transcript does not itemize the grades and/or credits for study abroad, follow policies for international (foreign) coursework below.

* **International (Foreign) Institution**: If you attended an international (foreign) institution (non-English speaking) enter the coursework exactly as it appears on your transcript. Courses completed outside of a U.S. institution or U.S. overseas institution will not be verified by the Transcript Processing Department. All foreign transcripts will be photocopied and forwarded to your designated dental schools. All foreign applicants are encouraged to have their transcripts evaluated by an official credential agency.

* **Overseas U.S. Institution**: If you attended a U.S. Overseas institution, list all courses attempted and credits earned in this section. AADSAS will consider coursework from an overseas U.S. institution in the same manner as U.S. and Canadian course work written in English.

**Military Credit**

Individuals in the U.S. Armed Services frequently receive credit for special courses that they have taken while in service. These courses are considered post-secondary, but do not appear on a college transcript. In other situations, information about these courses may be posted to something called a “SMART” transcript. (SMART stands for Sailor/Marine American Council on Education Registry Transcript – official document colleges and universities can use to evaluate an applicant’s experiences to determine if they want to award college credit.) ADEA AADSAS does not consider these courses to be college courses and they should not be added to the application.

In certain situations, colleges/universities may award academic credit for these same military courses, or for experiences gained during military service. Such credit is usually considered “life experience credit” and is awarded as credit hours towards the completion of a degree. In situations such as this, the applicant should indicate the credit hours on the ADEA AADSAS application, under the college/university granting the credit. Only the credit hours actually awarded by the college/university should be included in the ADEA AADSAS application. If the applicant took other training while in the military, for which no academic credit was awarded by a college or university, that information should be excluded entirely from the ADEA AADSAS application.

**College Credits Earned in Military**

Sometimes, individuals in the U.S. Armed Services receive academic credit for courses complete while serving. In such cases, the individual is officially enrolled in a college/university, such as, for example The Community College of the Air Force (CCAF) or the University of Maryland, which has an extensive network of branch campuses for the military. In those situations, the courses are treated as regular college courses and coursework is entered under those specific colleges/universities.

15B**Coursework**

16BYou will not be able to update this section after e-submitting your ADEA AADSAS application. Review your entries carefully before submitting.

**Coursework: College Sessions Completed**

To enter college sessions that you have completed, select “Add a new COMPLETED session” from the Coursework screen. Enter college sessions in chronological order. Within each term, you will list the courses in the order in which they appear on the official transcript.

2B**Institution**

Select from the list of institutions from the drop-down menu. You will notice that the option includes all the colleges and universities you listed in the Colleges Attended section.

3B **Academic Status**

Indicate if this session was completed for credit as an Undergraduate, Graduate, Post BA/BS Undergraduate, or Professional course of study from the drop-down menu.

**Term**

Indicate when the term occurred: Fall, Spring, Summer I, Summer II, Winter, or Interim term, from the dropdown menu.

**\*A note about Summer I and Summer II**:

Many individuals apply through ADEA AADSAS during the summer months, and are also taking courses that conclude at various times throughout the summer. Applicants are encouraged to provide information about completed summer courses that have already been posted to your transcript in the Summer I term and designate any summer courses that have not been completed by the application submission data as

“Summer II” in the “Planned/In Progress” section.

**Term Type**

Indicate if the session was completed in a quarter, semester, trimester or unit credits from the drop-down menu.

**Year**

Select the year in which this session began from the drop-down menu.

**Coursework: College Courses Completed**

You will not be able to update this section after e-submitting your ADEA AADSAS application. Review your entries carefully before submitting.

**\*Special instructions for the applicants listing international courses:** Applicants with international coursework should enter their coursework information as accurately as possible. As a reminder, credit hours and grades for international coursework are not verified by ADEA AADSAS and are not used in calculating grade point averages. Copies of Non-US/Canadian transcripts and transcript evaluations are sent to the dental schools in your application.

FFor U.S. and Canadian Coursework, within each college session, list courses in the order in which they appear on the official transcript.

**Course Title**

Enter the full course title as it appears on the official transcript for the "college attended" listed at the top of the screen.

**Course Prefix and Number**

Enter the course Prefix and Number exactly as it appears on the official transcript (e.g. CHEM 101).

**Grade**

Click the grade hotlink to select the grade for the course exactly as it appears on your official transcript.

**Course Level**

Review the back of your institution transcript to distinguish the course level.

U**Undergraduate**U – Courses described as freshman, sophomore, junior and senior level of study (e.g. 100, 200, 300 or 400 level courses).

U**Graduate**U – Courses taken at the post-baccalaureate level of study for graduate credit.

U**Professional**U – Courses taken at the professional school level (i.e., dental school, medical school, law school, pharmacy school).

U**Remedial**U – Courses taken at the undergraduate level but for which college credit is not offered; remedial courses are usually designed to prepare a student academically (e.g., math review course to prepare a student to take Algebra I in college).

**ADEA AADSAS Grade**

CONVERT the grade on your official transcript to the correct standardized letter grade. Check the grading scheme on your official transcript to determine the equivalent letter grade. If it is a non-graded course, select "None." (In most situations, the letter grade on your official transcript will be the same as your ADEA AADSAS grade. Your ADEA AADSAS grade will be different if your official transcript uses a numbering system, or some other non-traditional grading system.)

**Credits**

Enter the number of credits ATTEMPTED for this course.

**\*Special Instructions for applicants whose transcripts list course credits/units (one course=1 credit/unit) instead of semester/quarter hours (one course=3.33 semester hours or 5 quarter hours)**: In order for your GPAs to be calculated you must list your coursework with semester or quarter hours rather than course credits/units, even if your transcript lists course credits/units. Institutions that use the credit/unit system generally have the semester/quarter conversion ratio listed on the back of the transcript. For example, 1 credit/unit = 3.33 semester hours or 5 quarter hours. If you do not locate this information on the back of your transcript, you should call your institution’s registrar or records office.

**Course Subject**

Use your best judgment to classify your courses as **English,** **Biology, Chemistry, Physics, Other Science** (Sciences other than biology-chemistry-physics), or **Non Science**. Use the examples located in the ADEA AADSAS general instructions as guidelines.

|  |  |
| --- | --- |
| **Biology** | **Other Science** |
| Anatomy | Agriculture |
| Biochemistry (BIO Dept.) | Animal Sciences (Any Dept.) |
| Biology | Astronomy |
| Biological Anthropology | Audiology |
| Biomedical Engineering | Clinical Sciences |
| Biophysics (BIO Dept.) | Dental Hygiene |
| Biopsychology (Any Dept.) | Nutrition (Any Dept.) |
| Biotechnology | Engineering |
| Botany | Health Technology |
| Brain and Behavior (Any Dept.) | Geology |
| Cognitive Psychology (Any Dept.) | Kinesiology |
| Cellular Pathology | Mathematics |
| Dental Anatomy (DENT Dept.) | Nursing |
| Genetics | Physical Sciences |
| Medicine | Plant Sciences (Any Dept.) |
| Microbiology | Sports Sciences |
| Neuropsychology (Any Dept.) | Statistics (Any Dept.) |
| Neuroscience |  |
| Oral Anatomy/Physiology (DENT Dept.) | **Non Science** |
| Oral Microbiology (DENT Dept.) | Anthropology |
| Pathology | Art |
| Pharmacy/Pharmacology | Behavioral Sciences |
| Physiology | Business |
| Psychopharmacology (Any Dept.) | Communications |
| Structural Biology | Economics |
| Zoology | Education |
|  | English |
| **Chemistry** | Foreign Languages |
| Biochemistry (CHEM dept) | Forensic Sciences |
| Chemistry | Geography |
| General Chemistry | Health Services |
| Inorganic Chemistry | History |
| Organic Chemistry | Humanities |
|  | Music |
| **Physics** | Physical Education |
| Biophysics (PHYSICS dept) | Political Science |
| Physics | Psychology |
|  | Public Affairs/Administration |
| **English/Literature** | Public Health |
| Bible Literature | Social Sciences |
| Composition | Sociology |
| English | Social Work |
| ESL | Speech |
| Journalism | Sports Administration |
| Literature |  |
| Medical Terminology |  |
| Poetry |  |
| Reading Skills |  |
| Theater Literature |  |
| Rhetoric |  |
|  |  |

The ADEA AADSAS Transcript Processing Department will verify each course subject after receipt of your official transcripts.

Sometimes applicants complete courses in non-science departments that have an intense focus in a science field. For example, a student may take a course offered through the Psychology Department called Physiology of the Brain. In this situation, the applicant would classify the course as a Non-science, because all

Psychology courses are classified as non-science. ADEA AADSAS will not re-classify that course as a Biology course, and it will not be used to compute your Biology-Chemistry-Physics GPA. (Applicants may want to make special mention of such courses in other sections of their applications such as in the personal statement.)

If you notice any discrepancies after verification has been completed and your ADEA AADSAS GPAs are computed, contact Customer Service representatives (aadsasinfo@aadsasweb.org). Be prepared to identify the specific discrepancy that you question.

**Special Classifications**

Indicate if the course you are entering has any of the Special Classifications designations. Select “not applicable” if the course being entered does not have a special classification. Special Classifications are:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not Applicable  Repeated Course  Incomplete  Distance Learning/Online Course |  | Study Abroad  Advanced Placement/CLEP  International Baccalaureate  Credit by Institutional/Departmental Exam |

 Honors

**Repeated Course**

A repeated course is one that you have taken more than once, regardless of the reason. Both the original and the repeated course are included in the computation of the ADEA AADSAS undergraduate grade point average. Enter the "repeated course" the second (and third or more) time you enter the course. Do not enter "repeated course" for the first time you took the course.

**Incomplete**

To be recorded for any course for which you received a grade of "Incomplete." Incomplete credit hours have no effect on the grade point average or total credit hours earned.

**Distance Learning/Online Course**

Indicate if the course you are entering was completed as an on-line, correspondence or other form of learning at a distance. Distance learning/online courses are considered for credit and grades earned are computed into the ADEA AADSAS GPA.

**Honors**

An honors course is one taken as part of an undergraduate honors program, not a course for which you may have received academic honors. This designation may not be used to indicate a grade of H; an H must be converted to the ADEA AADSAS system using the Grading Systems Conversion Table.

**Study Abroad**

Indicate if you enrolled in courses at a foreign university as part of a Study Abroad program, and received credit for those courses on a U.S. or Canadian dental school transcript. (Courses completed overseas that are not part of a Study Abroad program should be treated as foreign transcripts and will not be included in the ADEA AADSAS GPA computation.)

**Advanced Placement/CLEP**

Indicate if you have received credits on your transcript were received from Advanced Placement or CLEP examinations.

**International Baccalaureate**

Indicate if you have received credits on your transcript for completion of an International Baccalaureate Program, an intensive pre-college curriculum sponsored by the International Baccalaureate Organization.

**Credit by Institutional/Departmental Exam**

Indicate if you have received credits on your transcript for successful completion of an institutional or departmental examination.

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**Coursework: College Sessions Planned or In Progress**

17BYou will not be able to update this section after e-submitting your ADEA AADSAS application. However, you will be able to update this section during the UAcademic UpdateU period. Review your entries carefully before submitting.

Enter college sessions and courses in progress or planned through the completion of the Summer 2013 term. Use the college catalog or schedule of courses to properly enter the course information as thoroughly as possible. Dental school admissions officers use the information from the College Courses Planned or In Progress section to develop an understanding of your educational plans between the date of application and the start of dental school. They realize that plans change, courses may not be available as planned, etc., and generally use this information only as a guide to your intentions.

During the Academic Update period—from mid-November to February 1--you will be invited to update the Courses Planned/In Progress section of your ADEA AADSAS application. You will be granted access for a specified period of time to enter grades, indicate course changes, etc. An Academic Update, incorporating your updated information, will be produced and sent to your designated dental schools. You will receive notification and more detailed instructions about the Academic Update process 30 days prior to its initiation.

**IMPORTANT:** All Academic Update courses and grades must be verified by ADEA AADSAS. Use the ADEA AADSAS Transcript Matching Form to arrange for a new official transcript to be sent to the ADEA AADSAS Transcript Processing Department.

To enter college sessions that you have not yet completed, select “Add a new PLANNED/IN-PROGRESS session” from the Coursework screen. Enter college sessions in chronological order.

7B**Institution**

Select from the list of institutions from the drop-down menu. You will notice that the options include all the colleges and universities you listed in the Colleges Attended section. If your college/university is not listed, return to the Colleges Attended section and add the college(s) where you intend to enroll.

**Academic Status**

Indicate if this session will be completed for credit as an Undergraduate, Graduate, Post BA/BS Undergraduate, or Professional course of study from the drop-down menu.

**Term**

Indicate when the term will occur: Fall, Spring, Summer I, Summer II, Winter, or Interim term, from the dropdown menu.

**Term Type**

Indicate if the session will be completed in a quarter, semester, trimester or unit credits from the drop-down menu.

**Year**

Select the year in which this session will be completed from the drop-down menu.

**Coursework: College Courses Planned or In Progress**

You will not be able to update this section after e-submitting your ADEA AADSAS application. However, you will be able to update this section during the Academic Update period. Review your entries carefully before submitting.

**Course Title**

Enter the full course title as it appears on the official transcript for the "college attended" listed at the top of the screen.

**Course Prefix and Number**

Enter the course Prefix and Number exactly as it appears on the official transcript (e.g. CHEM 101).

**Course Level**

Review the back of your institution transcript to distinguish the course level.

U**Undergraduate**U – Courses described as freshman, sophomore, junior and senior level of study (e.g. 100, 200, 300 or 400 level courses).

U**Graduate**U – Courses taken at the post-baccalaureate level of study for graduate credit.

U**Professional**U – Courses taken at the professional school level (i.e., dental school, medical school, law school, pharmacy school).

U**Remedial**U – Courses taken at the undergraduate level but for which college credit is not offered; remedial courses are usually designed to prepare a student academically (e.g., math review course to prepare a student to take Algebra I in college).

**Credits**

Enter the number of credits ATTEMPTED for this course.

**Course Subject**

Select the course subject that best describes the course content.

**Special Classifications**

Indicate if the course you are entering has any of the Special Classification designations. Leave this section blank if the course being entered does not have a special classification. Special Classifications are:

* Not Applicable  Study Abroad
* Repeated Course  Advanced Placement/CLEP
* Incomplete  International Baccalaureate
* Distance Learning/Online Course  Credit by Institutional/Departmental
* Honors Exam

**Repeated Course**

A repeated course is one that you have taken more than once, regardless of the reason. Both the original and the repeated course are included in the computation of the AADSAS undergraduate grade point average. Enter the "repeated course" the second (and third or more) time you enter the course. Do not enter "repeated course" for the first time you took the course.

**Incomplete**

To be recorded for any course for which you received a grade of "Incomplete." Incomplete credit hours have no effect on the grade point average or total credit hours earned.

**Distance Learning/Online Course**

Indicate if the course you are entering was completed as an on-line, correspondence or other form of learning at a distance. Distance learning/online courses are considered for credit and grades earned are computed into the ADEA AADSAS GPA.

**Honors**

An honors course is one taken as part of an undergraduate honors program, not a course for which you may have received academic honors. This designation may not be used to indicate a grade of H; an H must be converted to the ADEA AADSAS system using the Grading Systems Conversion Table.

**Study Abroad**

Indicate if you enrolled in courses at a foreign university as part of a Study Abroad program, and received credit for those courses on a U.S. or Canadian dental school transcript. (Courses completed overseas that are not part of a Study Abroad program should be treated as foreign transcripts and coursework information should not be provided in this section.)

**Advanced Placement/CLEP**

Indicate if you have received credits on your transcript were received from Advanced Placement or CLEP examinations.

**International Baccalaureate**

Indicate if you have received credits on your transcript for completion of an International Baccalaureate Program, an intensive pre-college curriculum sponsored by the International Baccalaureate Organization.

**Credit by Institutional/Departmental Exam**

Indicate if you have received credits on your transcript for successful completion of an institutional or departmental examination.

**Course Title:** Indicate the title of the course.

**Course Prefix and Number:** Indicate N/A for not available.

**Canadian DAT Scores**

You can make revisions to this section any time during the application process. After UFebruary 15,U submit all changes directly to your designated dental schools.

***U.S DAT Scores are downloaded directly from the ADA into your ADEA AADSAS application***

Applicants no longer self-report DAT scores in the application. ADEA AADSAS will obtain your official DAT scores directly from the American Dental Association’s Testing Services Center and will import them directly into your application. ADEA AADSAS does this by using your DENTPIN. If you take the DAT after your ADEA AADSAS application has been sent to your designated dental schools, an updated application, reflecting your DAT scores will be forwarded to schools just as soon as the scores are received.

The Dental Admission Test (DAT) is conducted by the American Dental Association (ADA). For more detailed information about the DAT contact the ADA at (800) 232-2162 or go to [http://www.ada.org.](http://www.ada.org./)

Only report Canadian DAT scores in this section from the Canadian Dental Association. Enter the most recent or future Canadian DAT test dates in the spaces provided. Enter the appropriate Canadian DAT exams.

Request that **official** Canadian DAT score reports be sent directly to your designated dental schools. You cannot send official Canadian DAT score reports to ADEA AADSAS. ADEA AADSAS does **not** forward score reports to your designated school, or return them to you.

The Canadian Dental Admission Test is conducted by the Canadian Dental Association and the Association of Canadian Faculties of Dentistry. For more detailed information contact the CDA at 613-523-1770.

**Academic Enrichment Programs**

You will UnotU be able to revise this section after e-submitting your ADEA AADSAS application. Review your entries carefully before submitting.

Academic Enrichment Programs include programs sponsored by colleges, universities or other not-for-profit organizations that are frequently targeted to students from disadvantaged backgrounds. They can include:

* exposure to health careers by shadowing healthcare professionals
* special academic support such as study skills development, time management, review of science course content
* special research experiences

These experiences can occur in high school, during college (frequently summer programs), or as postbaccalaureate programs. Examples of Academic Enrichment Programs include the Summer Medical and Dental Education Program (SMDEP) and post-baccalaureate programs.

Do not list DAT preparation courses that are offered by commercial test preparation companies (i.e, Kaplan, Princeton Review).

Provide the name of the program, a brief description, and total hours of participation, and dates of experience(s) in this section:

**Name of Program**

    Enter name of program

**Brief Description**

Provide a brief description of the program and your duties. You are limited to 175 characters, including spaces.

**Total Number of Hours**

   Enter number of hours worked.

**Month of Start Date**

   Select date from pull down menu.

**Year of Start Date**

   Select date from pull down menu.

**Month of End Date**

   Select month from pull down menu.

**Year of End Date**

   Select year from pull down menu.

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**Awards, Honors, Scholarships**

You will UnotU be able to revise this section after e-submitting your ADEA AADSAS application. Review your entries carefully before submitting.

The purpose of this section is to highlight any special accolades you have received. List awards, honors scholarships in order of importance to you. You may include awards, etc. from high school and college, but keep in mind that college accomplishments are given higher priority by many admissions committees. You may list up to 5 awards.

1. **Name of Award, Honor or Scholarship**

   List the full name of the award, honor or scholarship.

**Sponsoring Organization**

   List the name of the organization that presented the award, honor or scholarship.

12B**Month Received or Awarded**

   Select the month received from the drop-down menu.

13B**Year Received or Awarded**

   Select the year received from the drop-down menu.

1. **Name of Award, Honor or Scholarship**

   List the full name of the award, honor or scholarship.

**Sponsoring Organization**

   List the name of the organization that presented the award, honor or scholarship.

12B**Month Received or Awarded**

   Select the month received from the drop-down menu.

13B**Year Received or Awarded**

   Select the year received from the drop-down menu.

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   List the full name of the award, honor or scholarship.

**Sponsoring Organization**

   List the name of the organization that presented the award, honor or scholarship.

12B**Month Received or Awarded**

   Select the month received from the drop-down menu.

13B**Year Received or Awarded**

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   List the full name of the award, honor or scholarship.

**Sponsoring Organization**

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12B**Month Received or Awarded**

   Select the month received from the drop-down menu.

13B**Year Received or Awarded**

   Select the year received from the drop-down menu.

1. **Name of Award, Honor or Scholarship**

   List the full name of the award, honor or scholarship.

**Sponsoring Organization**

   List the name of the organization that presented the award, honor or scholarship.

12B**Month Received or Awarded**

   Select the month received from the drop-down menu.

13B**Year Received or Awarded**

   Select the year received from the drop-down menu.

**Dentistry Experience**

You will UnotU be able to revise this section after e-submitting your ADEA AADSAS application. Review your entries carefully before submitting.

The purpose of this section is to demonstrate to admissions committees the extent of your knowledge, background and experiences with the dental profession. List any experiences you have had in order of importance to you. You will be prompted to provide a brief description of the activity, including start and end dates, and to indicate whether the position was paid, volunteer, job shadowing or other. If you are still participating in the experience, leave the end dates blank.

1. **Name of Supervisor**

   Provide the First and Last name of the person to whom you directly reported.

**Position Title**

   Name of the position you held.

**Brief Description of Activities**

Describe your job responsibilities and duties (limited to 175 characters including spaces).

**Total Number of Hours**

   Enter the total hours engaged in this experience.

**Position Type (select all that apply)**

Paid

Volunteer

Job Shadowing

   Other

**Month of Start Date**

   Enter the month you started the position.

**Year of Start Date**

   Enter the year that corresponds with the month you started the position.

**Month of End Date** (If still employed leave blank)

   Enter the month you stopped working in this position.

**Year of End Date** (If still employed leave blank)

   Enter the year that corresponds with the month you stopped working in this position.

1. **Name of Supervisor**

   Provide the First and Last name of the person to whom you directly reported.

**Position Title**

   Name of the position you held.

**Brief Description of Activities**

Describe your job responsibilities and duties (limited to 175 characters including spaces).

**Total Number of Hours**

   Enter the total hours engaged in this experience.

**Position Type (select all that apply)**

Paid

Volunteer

Job Shadowing

   Other

**Month of Start Date**

   Enter the month you started the position.

**Year of Start Date**

   Enter the year that corresponds with the month you started the position.

**Month of End Date** (If still employed leave blank)

   Enter the month you stopped working in this position.

**Year of End Date** (If still employed leave blank)

   Enter the year that corresponds with the month you stopped working in this position.

1. **Name of Supervisor**

   Provide the First and Last name of the person to whom you directly reported.

**Position Title**

   Name of the position you held.

**Brief Description of Activities**

Describe your job responsibilities and duties (limited to 175 characters including spaces).

**Total Number of Hours**

   Enter the total hours engaged in this experience.

**Position Type (select all that apply)**

Paid

Volunteer

Job Shadowing

   Other

**Month of Start Date**

   Enter the month you started the position.

**Year of Start Date**

   Enter the year that corresponds with the month you started the position.

**Month of End Date** (If still employed leave blank)

   Enter the month you stopped working in this position.

**Year of End Date** (If still employed leave blank)

   Enter the year that corresponds with the month you stopped working in this position.

1. **Name of Supervisor**

   Provide the First and Last name of the person to whom you directly reported.

**Position Title**

   Name of the position you held.

**Brief Description of Activities**

Describe your job responsibilities and duties (limited to 175 characters including spaces).

**Total Number of Hours**

   Enter the total hours engaged in this experience.

**Position Type (select all that apply)**

Paid

Volunteer

Job Shadowing

   Other

**Month of Start Date**

   Enter the month you started the position.

**Year of Start Date**

   Enter the year that corresponds with the month you started the position.

**Month of End Date** (If still employed leave blank)

   Enter the month you stopped working in this position.

**Year of End Date** (If still employed leave blank)

   Enter the year that corresponds with the month you stopped working in this position.

1. **Name of Supervisor**

   Provide the First and Last name of the person to whom you directly reported.

**Position Title**

   Name of the position you held.

**Brief Description of Activities**

Describe your job responsibilities and duties (limited to 175 characters including spaces).

**Total Number of Hours**

   Enter the total hours engaged in this experience.

**Position Type (select all that apply)**

Paid

Volunteer

Job Shadowing

   Other

**Month of Start Date**

   Enter the month you started the position.

**Year of Start Date**

   Enter the year that corresponds with the month you started the position.

**Month of End Date** (If still employed leave blank)

   Enter the month you stopped working in this position.

**Year of End Date** (If still employed leave blank)

   Enter the year that corresponds with the month you stopped working in this position.

**Extracurricular/Volunteer/Community Service**

You will UnotU be able to revise this section after e-submitting your ADEA AADSAS application. Review your entries carefully before submitting.

List any related activities in order of importance to you. You may include activities from high school and college, but keep in mind that accomplishments during college are given higher priority by many admissions committees. You may list up to 10 services.

1. **Name of Organization**

   Enter the name of the organization with which you performed extracurricular, volunteer or community service.

**Position Title/Brief Description**

Enter the title of the position you held and a brief description of your responsibilities and duties (limited to 175 characters, including spaces).

**Average Weekly Hours**

   Enter the average number of hours per week worked at the listed organization.

**Total Number of Hours Over Span of Experience**

   Enter the total number of hours volunteered while at the listed organization.

**Month of Start Date**

   Enter the month you began your association with the organization.

**Year of Start Date**

    Enter the year that corresponds with the month you began your association with the organization.

**Month of End Date**

   Enter the month your relationship with the organization ended. (If still employed leave blank.)

**Year of End Date**

   Enter the year that corresponds with the month your relationship ended with the organization. (If still associated leave blank.)

1. **Name of Organization**

   Enter the name of the organization with which you performed extracurricular, volunteer or community service.

**Position Title/Brief Description**

Enter the title of the position you held and a brief description of your responsibilities and duties (limited to 175 characters, including spaces).

**Average Weekly Hours**

   Enter the average number of hours per week worked at the listed organization.

**Total Number of Hours Over Span of Experience**

   Enter the total number of hours volunteered while at the listed organization.

**Month of Start Date**

   Enter the month you began your association with the organization.

**Year of Start Date**

    Enter the year that corresponds with the month you began your association with the organization.

**Month of End Date**

   Enter the month your relationship with the organization ended. (If still employed leave blank.)

**Year of End Date**

   Enter the year that corresponds with the month your relationship ended with the organization. (If still associated leave blank.)

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**Position Title/Brief Description**

Enter the title of the position you held and a brief description of your responsibilities and duties (limited to 175 characters, including spaces).

**Average Weekly Hours**

   Enter the average number of hours per week worked at the listed organization.

**Total Number of Hours Over Span of Experience**

   Enter the total number of hours volunteered while at the listed organization.

**Month of Start Date**

   Enter the month you began your association with the organization.

**Year of Start Date**

    Enter the year that corresponds with the month you began your association with the organization.

**Month of End Date**

   Enter the month your relationship with the organization ended. (If still employed leave blank.)

**Year of End Date**

   Enter the year that corresponds with the month your relationship ended with the organization. (If still associated leave blank.)

1. **Name of Organization**

   Enter the name of the organization with which you performed extracurricular, volunteer or community service.

**Position Title/Brief Description**

Enter the title of the position you held and a brief description of your responsibilities and duties (limited to 175 characters, including spaces).

**Average Weekly Hours**

   Enter the average number of hours per week worked at the listed organization.

**Total Number of Hours Over Span of Experience**

   Enter the total number of hours volunteered while at the listed organization.

**Month of Start Date**

   Enter the month you began your association with the organization.

**Year of Start Date**

    Enter the year that corresponds with the month you began your association with the organization.

**Month of End Date**

   Enter the month your relationship with the organization ended. (If still employed leave blank.)

**Year of End Date**

   Enter the year that corresponds with the month your relationship ended with the organization. (If still associated leave blank.)

1. **Name of Organization**

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**Total Number of Hours Over Span of Experience**

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**Year of Start Date**

    Enter the year that corresponds with the month you began your association with the organization.

**Month of End Date**

   Enter the month your relationship with the organization ended. (If still employed leave blank.)

**Year of End Date**

   Enter the year that corresponds with the month your relationship ended with the organization. (If still associated leave blank.)

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**Position Title/Brief Description**

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**Average Weekly Hours**

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**Total Number of Hours Over Span of Experience**

   Enter the total number of hours volunteered while at the listed organization.

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**Year of Start Date**

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**Month of End Date**

   Enter the month your relationship with the organization ended. (If still employed leave blank.)

**Year of End Date**

   Enter the year that corresponds with the month your relationship ended with the organization. (If still associated leave blank.)

1. **Name of Organization**

   Enter the name of the organization with which you performed extracurricular, volunteer or community service.

**Position Title/Brief Description**

Enter the title of the position you held and a brief description of your responsibilities and duties (limited to 175 characters, including spaces).

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   Enter the average number of hours per week worked at the listed organization.

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   Enter the month you began your association with the organization.

**Year of Start Date**

    Enter the year that corresponds with the month you began your association with the organization.

**Month of End Date**

   Enter the month your relationship with the organization ended. (If still employed leave blank.)

**Year of End Date**

   Enter the year that corresponds with the month your relationship ended with the organization. (If still associated leave blank.)

1. **Name of Organization**

   Enter the name of the organization with which you performed extracurricular, volunteer or community service.

**Position Title/Brief Description**

Enter the title of the position you held and a brief description of your responsibilities and duties (limited to 175 characters, including spaces).

**Average Weekly Hours**

   Enter the average number of hours per week worked at the listed organization.

**Total Number of Hours Over Span of Experience**

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**Month of End Date**

   Enter the month your relationship with the organization ended. (If still employed leave blank.)

**Year of End Date**

   Enter the year that corresponds with the month your relationship ended with the organization. (If still associated leave blank.)

1. **Name of Organization**

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Enter the title of the position you held and a brief description of your responsibilities and duties (limited to 175 characters, including spaces).

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   Enter the average number of hours per week worked at the listed organization.

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   Enter the total number of hours volunteered while at the listed organization.

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   Enter the month you began your association with the organization.

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    Enter the year that corresponds with the month you began your association with the organization.

**Month of End Date**

   Enter the month your relationship with the organization ended. (If still employed leave blank.)

**Year of End Date**

   Enter the year that corresponds with the month your relationship ended with the organization. (If still associated leave blank.)

1. **Name of Organization**

   Enter the name of the organization with which you performed extracurricular, volunteer or community service.

**Position Title/Brief Description**

Enter the title of the position you held and a brief description of your responsibilities and duties (limited to 175 characters, including spaces).

**Average Weekly Hours**

   Enter the average number of hours per week worked at the listed organization.

**Total Number of Hours Over Span of Experience**

   Enter the total number of hours volunteered while at the listed organization.

**Month of Start Date**

   Enter the month you began your association with the organization.

**Year of Start Date**

    Enter the year that corresponds with the month you began your association with the organization.

**Month of End Date**

   Enter the month your relationship with the organization ended. (If still employed leave blank.)

**Year of End Date**

   Enter the year that corresponds with the month your relationship ended with the organization. (If still associated leave blank.)

**Work Experience (Including Military Service)**

You will UnotU be able to revise this section after e-submitting your ADEA AADSAS application. Review your entries carefully before submitting.

Enter any paid work experience, including military service. List experience in order of importance to you. List each activity only once. Do not repeat any activities listed in the previous section. You may list up to 5 experiences. If still employed, estimate future end date. If listing military experience include (anticipated) discharge date and type of discharge.

1. **Name of Employer**

   Enter the name of the business name of the employer for whom you worked.

**Position Title**

   Enter the title of the position you held.

**City/State**

   Enter the city and state of your work experience.

**Brief Description**

Include details about your responsibilities and duties (limited to 175 characters, including spaces).

**Total Number of Hours**

   Enter the amount of hours you worked at the listed employer throughout your experience.

**Month of Start Date**

   Enter the month you began working at the employer.

**Year of Start Date**

   Enter the year that corresponds with the month you began working at the employer.

**Month of End Date**

   Enter the month you ending your working relationship with the employer ended. (If still employed leave blank.)

**Year of End Date**

   Enter the year that corresponds with the month your working relationship ended with the employer. (If still employed leave blank.)

1. **Name of Employer**

   Enter the name of the business name of the employer for whom you worked.

**Position Title**

   Enter the title of the position you held.

**City/State**

   Enter the city and state of your work experience.

**Brief Description**

Include details about your responsibilities and duties (limited to 175 characters, including spaces).

**Total Number of Hours**

   Enter the amount of hours you worked at the listed employer throughout your experience.

**Month of Start Date**

   Enter the month you began working at the employer.

**Year of Start Date**

   Enter the year that corresponds with the month you began working at the employer.

**Month of End Date**

   Enter the month you ending your working relationship with the employer ended. (If still employed leave blank.)

**Year of End Date**

   Enter the year that corresponds with the month your working relationship ended with the employer. (If still employed leave blank.)

1. **Name of Employer**

   Enter the name of the business name of the employer for whom you worked.

**Position Title**

   Enter the title of the position you held.

**City/State**

   Enter the city and state of your work experience.

**Brief Description**

Include details about your responsibilities and duties (limited to 175 characters, including spaces).

**Total Number of Hours**

   Enter the amount of hours you worked at the listed employer throughout your experience.

**Month of Start Date**

   Enter the month you began working at the employer.

**Year of Start Date**

   Enter the year that corresponds with the month you began working at the employer.

**Month of End Date**

   Enter the month you ending your working relationship with the employer ended. (If still employed leave blank.)

**Year of End Date**

   Enter the year that corresponds with the month your working relationship ended with the employer. (If still employed leave blank.)

1. **Name of Employer**

   Enter the name of the business name of the employer for whom you worked.

**Position Title**

   Enter the title of the position you held.

**City/State**

   Enter the city and state of your work experience.

**Brief Description**

Include details about your responsibilities and duties (limited to 175 characters, including spaces).

**Total Number of Hours**

   Enter the amount of hours you worked at the listed employer throughout your experience.

**Month of Start Date**

   Enter the month you began working at the employer.

**Year of Start Date**

   Enter the year that corresponds with the month you began working at the employer.

**Month of End Date**

   Enter the month you ending your working relationship with the employer ended. (If still employed leave blank.)

**Year of End Date**

   Enter the year that corresponds with the month your working relationship ended with the employer. (If still employed leave blank.)

1. **Name of Employer**

   Enter the name of the business name of the employer for whom you worked.

**Position Title**

   Enter the title of the position you held.

**City/State**

   Enter the city and state of your work experience.

**Brief Description**

Include details about your responsibilities and duties (limited to 175 characters, including spaces).

**Total Number of Hours**

   Enter the amount of hours you worked at the listed employer throughout your experience.

**Month of Start Date**

   Enter the month you began working at the employer.

**Year of Start Date**

   Enter the year that corresponds with the month you began working at the employer.

**Month of End Date**

   Enter the month you ending your working relationship with the employer ended. (If still employed leave blank.)

**Year of End Date**

   Enter the year that corresponds with the month your working relationship ended with the employer. (If still employed leave blank.)

**Research Experience**

You will UnotU be able to revise this section after e-submitting your ADEA AADSAS application. Review your entries carefully before submitting.

Enter any Upaid or volunteerU research experience. List experience in order of importance to you. List each activity only once. Do not repeat any activities listed in the previous section. You may list up to 5 research experiences.

1. **Principal Investigator**

   Indicate the name of the lead person on this project.

**Location of Research Project**

   Indicate the university or site location where the project took place.

**Position Title/Brief Description of activities**

Enter the title of the position you held and a brief description of your responsibilities and duties (limited to 175 characters, including spaces).

**Total Number of Hours**

   Enter the amount of hours you worked at the listed organization throughout your experience.

**Position Type (Select all that apply)**

Volunteer – received no pay for participation

Received Academic Credit

Paid position

**Month of Start Date**

   Enter the month you began working on the project.

**Year of Start Date**

   Enter the year that corresponds with the month you began working on the project.

**Month of End Date**

    Enter the month your working relationship ended with the project. (If still employed, leave blank.)

**Year of End Date**

   Enter the year that corresponds with the month your working relationship ended with the project. (If still employed, leave blank.)

1. **Principal Investigator**

   Indicate the name of the lead person on this project.

**Location of Research Project**

   Indicate the university or site location where the project took place.

**Position Title/Brief Description of activities**

Enter the title of the position you held and a brief description of your responsibilities and duties (limited to 175 characters, including spaces).

**Total Number of Hours**

   Enter the amount of hours you worked at the listed organization throughout your experience.

**Position Type (Select all that apply)**

Volunteer – received no pay for participation

Received Academic Credit

Paid position

**Month of Start Date**

   Enter the month you began working on the project.

**Year of Start Date**

   Enter the year that corresponds with the month you began working on the project.

**Month of End Date**

    Enter the month your working relationship ended with the project. (If still employed, leave blank.)

**Year of End Date**

   Enter the year that corresponds with the month your working relationship ended with the project. (If still employed, leave blank.)

1. **Principal Investigator**

   Indicate the name of the lead person on this project.

**Location of Research Project**

   Indicate the university or site location where the project took place.

**Position Title/Brief Description of activities**

Enter the title of the position you held and a brief description of your responsibilities and duties (limited to 175 characters, including spaces).

**Total Number of Hours**

   Enter the amount of hours you worked at the listed organization throughout your experience.

**Position Type (Select all that apply)**

Volunteer – received no pay for participation

Received Academic Credit

Paid position

**Month of Start Date**

   Enter the month you began working on the project.

**Year of Start Date**

   Enter the year that corresponds with the month you began working on the project.

**Month of End Date**

    Enter the month your working relationship ended with the project. (If still employed, leave blank.)

**Year of End Date**

   Enter the year that corresponds with the month your working relationship ended with the project. (If still employed, leave blank.)

1. **Principal Investigator**

   Indicate the name of the lead person on this project.

**Location of Research Project**

   Indicate the university or site location where the project took place.

**Position Title/Brief Description of activities**

Enter the title of the position you held and a brief description of your responsibilities and duties (limited to 175 characters, including spaces).

**Total Number of Hours**

   Enter the amount of hours you worked at the listed organization throughout your experience.

**Position Type (Select all that apply)**

Volunteer – received no pay for participation

Received Academic Credit

Paid position

**Month of Start Date**

   Enter the month you began working on the project.

**Year of Start Date**

   Enter the year that corresponds with the month you began working on the project.

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**Year of End Date**

   Enter the year that corresponds with the month your working relationship ended with the project. (If still employed, leave blank.)

1. **Principal Investigator**

   Indicate the name of the lead person on this project.

**Location of Research Project**

   Indicate the university or site location where the project took place.

**Position Title/Brief Description of activities**

Enter the title of the position you held and a brief description of your responsibilities and duties (limited to 175 characters, including spaces).

**Total Number of Hours**

   Enter the amount of hours you worked at the listed organization throughout your experience.

**Position Type (Select all that apply)**

Volunteer – received no pay for participation

Received Academic Credit

Paid position

**Month of Start Date**

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**Year of Start Date**

   Enter the year that corresponds with the month you began working on the project.

**Month of End Date**

    Enter the month your working relationship ended with the project. (If still employed, leave blank.)

**Year of End Date**

   Enter the year that corresponds with the month your working relationship ended with the project. (If still employed, leave blank.)

**Personal Statement**

You will not be able to revise this section after e-submitting your ADEA AADSAS application. Print and review your entries carefully before submitting.

The personal essay provides an opportunity for you to explain why you desire to pursue dental education. The essay is limited to approximately 1 page (4,500 characters, including spaces).

It is recommended to compose your essay in a text-only word processor (e.g., Notepad), review your essay for errors, cut and paste the final version into the text box.

**The best practice for you to compose your personal statement is to copy the essay from Word and paste it into Notepad.**

**Note:** To open Notepad, click Start, point to All Programs, point to Accessories, and then click Notepad. From Notepad you can view how the text looks and be able to edit it (such as adding or removing line feeds) before saving it as a .txt file in a known folder. You can then copy the text from Notepad and paste it into the textbox in the application.

Some formatting characters and indentation used in programs like Word will not display properly. Take the time to review the final document before you submit your application to ADEA AADSAS.

Your personal essay will be formatted and printed in standard paragraph form before being sent to your designated dental schools as a part of your ADEA AADSAS application. It will not be sent to your designated dental schools in the format you view in the on-line application.

**What should you write?**

The Admissions Committee members who read your essay are looking for individuals who are motivated, academically prepared, articulate, socially conscious, and knowledgeable about the profession. Write about your experiences and any qualities that will make you stand out. Check U**The** **ADEA Official Guide to Dental Schools**U for ideas about essays.

**ADEA Statement of Ethical Conduct and Release Statements:**

**Ethical Conduct in Applying to Dental Education Programs**

This statement of ethical conduct relates to all individuals seeking admission to pre-doctoral dental education programs. The beginning of the application process is the time to understand and abide by the principles set forth in this document.

The American Dental Education Association (ADEA) and the American Dental Association (ADA) have developed this statement in collaboration, as both organizations play roles in the admissions process. The ADEA sponsors the Associated American Dental Schools Application Service (ADEA AADSAS) and the ADA sponsors the Dental Admissions Test (DAT).

**The American Dental Association *Principles of Ethics and Code of Professional Conduct* states:**

*The dental profession holds a special position of trust within society. As a consequence, society affords the profession certain privileges that are not available to members of the public-at-large. In return, the profession makes a commitment to society that its members will adhere to high ethical standards of conduct. These standards are embodied in the ADA Principles of Ethics and Code of Professional Conduct (ADA Code). The ADA Code is, in effect, a written expression of the obligations arising from the implied contract between the dental profession and society.*

Members of the dental profession voluntarily abide by the *ADA Code* in the interest of protecting patients and maintaining the trust of society as a whole. Submission of an application to a dental education program is the first step in the process of becoming a member of the dental profession. With the application comes the obligation to uphold the highest level of honesty and ethical behavior. An applicant is to be held to the same high standards for truth, full disclosure, and accuracy in the application process as a member of the dental profession is expected to aspire to in their capacity as a member of the profession. Applicants to pre-doctoral dental educational programs are expected to understand and comply with the standards expressed in this statement in their applications for admission to dental school and their applications to take the DAT.

Behavior that results in misconduct or irregularity in the dental education program admissions process is a very serious matter. An applicant who acts unethically risks being denied admission to dental education programs. Moreover, such unethical actions, if disclosed after enrollment in a program or at the beginning of dental practice, can result in more serious outcomes. It is important that applicants understand the significance of exhibiting professional behavior throughout their careers, starting with the application process.

ADA and ADEA expect strong ethical behavior in all persons who are and who aspire to become members of the profession of dentistry. Applicants may contact both associations for more information about their policies and procedures applicable to misconduct and irregularities in the dental school admissions process.

**Release Statements:**

**ADEA AADSAS Applicant Code of Conduct**

By my signature below, I certify that I have read the ADEA statements, "ADEA - ADA Ethical Conduct in Applying to Dental Education Programs" and "ADEA AADSAS Applicant Code of Conduct," and that the information I have provided in this ADEA AADSAS application is complete and accurate to the best of my knowledge. I authorize ADEA AADSAS to investigate any information, including my educational background,

disciplinary history, and record of criminal convictions that it believes is relevant to my application. I acknowledge my responsibility to notify ADEA AADSAS in the event of any material change in the information I have provided. I give my permission for my current and former employers, educational institutions, and personal references to provide information that they may have about me in response to inquiry from the ADEA AADSAS. I understand that omitting relevant information or providing misrepresentations or false or misleading information in my application and/or supporting documents or during the application process may result in the suspension of my application and/or other actions, including the possibility of expulsion from a school of dentistry, if enrolled.

I acknowledge and agree that my sole remedy in the event of any proved errors or omissions related to the handling or processing of my application by ADEA AADSAS is to obtain a refund of my ADEA AADSAS application fee.

**I give permission for ADEA AADSAS to release information to my designated schools of dentistry.**  **I also authorize the use of such information for research, applicant tracking and reporting purposes.**

**I agree to the terms of this certification statement.**

Your certification of this statement serves the same purpose as a legal signature and is binding.

You are required to carefully read the ***Ethical Conduct in Applying to Dental Education Programs*** and agree to the ***Release Statements*** in order to submit your ADEA AADSAS application.

**Advisor Release Statement**

Checking the Advisor Release Statement permits your advisor to view information about the status of your application. Your ADEA AADSAS application will be processed regardless of whether you do so or do not certify the statement below. ADEA AADSAS encourages you to certify this statement to enable your advisor to be aware of your admission status. You **cannot** make changes to this item after submitting your application to ADEA AADSAS.

**I give permission for ADEA AADSAS to release selected information about the status of my ADEA AADSAS application, including DAT scores, to the chief health professions advisor and the health professions advisory committee of the post-secondary institution(s) I have attended. By releasing this information, advisors are better able to assist applicants in the application process and advise applicants in the future.**

**I give permission for ADEA AADSAS to release selected information to my Pre-Health Profession advisor.**

**I do not give permission for ADEA AADSAS to release selected information to my Pre-Health Profession advisor..**

Your certification of this statement serves the same purpose as a legal signature and is binding.

**NOTE:** ADEA AADSAS strongly encourages you to give permission to release selected information about the status of your application to your health professions advisor. Having this information helps your advisor provide services to you and informs the advisor about the success of students from your college/university in being admitted into dental schools. However, your application will not be adversely impacted if you do not agree to have your status information released to your health professions advisor.

**Evaluators**

You may make revisions to this section at any time during the application process (before **February 15, 2013)**

Applicants may submit a maximum of four individual Letters of Evaluation UorU one Committee Letter/Report plus the option of one additional individual letter.

Prior to providing names in the Evaluators Section of the ADEA AADSAS Application, applicants should ask individuals if they are willing to serve as evaluators. If so, ask each evaluator if he/she wishes to provide the Letter of Evaluation to ADEA AADSAS electronically or prefers to provide a paper letter that is mailed to ADEA AADSAS. If the evaluator is sending a letter electronically, ADEA AADSAS needs the evaluator’s email address so ADEA AADSAS can send a message to the evaluator that indicates the process for electronic submission.

In the Evaluators Section of the ADEA AADSAS Application, the applicant:

* indicates the individuals who will provide LOE’s on his/her behalf
* indicates which format each evaluator will use, electronic or paper
* checks the appropriate box to indicate if the LOE is a Committee Letter/Report

If the evaluator prefers to submit an LOE electronically:

|  |  |
| --- | --- |
|  | Applicant provides the evaluator’s email address. |
|  | As soon as the evaluator’s name and email address are provided, the evaluator receives an email from ADEA AADSAS directing him or her to the ADEA AADSAS Evaluators Portal. |
|  | The first time an evaluator enters the Evaluators Portal, the evaluator is asked to provide contact information. |
|  | The evaluator follows the simple step-by-step instructions for submitting the LOE. ADEA AADSAS |

can accept electronic LOEs in these formats: Microsoft Word (.doc), Rich Text Format (.rtf), Portable Document Format (.pdf), and ASCII text (.txt).

If the evaluator prefers to submit a paper LOE:

 The applicant is prompted to print an LOE Matching Form that includes a special bar code.

 The applicant provides the LOE Matching Form to the evaluator, who attaches the form to his or her LOE and mails it to ADEA AADSAS at the address provided on the LOE Matching Form.

How to Print the Letter of Evaluation Matching Form

1. Login to your ADEA AADSAS application
2. Select Evaluators from the Application Checklist
3. Click “Add New Entry”, select “Paper” and enter all information for the evaluator that will be submitting a paper LOE. Remember the “Email Address” field must be blank when adding a paper evaluation. Once you have added the evaluation you will be forwarded to the evaluation summary page. Click on the icon in the column that reads “Print Paper Request” next to the evaluators name, to download and print the PDF version of the Letter of Evaluation Matching Form
4. Submit the form to each evaluator. Be sure to advise the evaluator to enclose the form with the letter and mail it directly to ADEA AADSAS.

**Waivers**

The Family Education Rights and Privacy Act of 1974 (FERPA) provides applicants the right to access letters of evaluation written after January 1, 1975 unless they choose to waive their right of inspection and review. Prior to requesting an evaluation, ADEA AADSAS applicants are required to indicate if they wish to waive their rights to each evaluation.

NOTE: ADEA AADSAS does not release any LOE’s to applicants regardless of wavier status.

**Applicant Authorization**

Within the Evaluators Section applicants must agree to one of the following statements prior to submitting this evaluation request:

I waive my “right to access” to the attached Letter of Evaluation.

The following explanation is given to the applicant for this question:

*By “waiving your right to access,” you* ***do not*** *have the right to read the evaluation once completed by the evaluator.*

I do not waive my “right to access” to the attached Letter of Evaluation.

The following explanation is given to the applicant for this question:

*By not “waiving your right to access,” you have the right to read the evaluation once completed by the evaluator.*

Occasionally, an applicant will forget to check the wavier box in the ADEA AADSAS Application, even though the applicant has already signed a wavier with the evaluator or the health professions advising office. If the applicant has indicated the wrong wavier status, the applicant must delete the evaluator and then correctly reenter the evaluator’s name and other information, and Save. A new email indicating that you are again requesting an LOE will be sent by ADEA AADSAS to the evaluator. If submitting a Upaper LOE Uthe applicant must delete the evaluator, correctly re-enter the evaluator’s information, print and provide the evaluator with a new LOE Matching Form.

**Submitting a Committee Report**

Many institutions utilize a Pre-dental Committee Letter/Report for their dental school applicants. These Letters/Reports come in three basic formats:

* Committee letter with supporting letters attached.
* Committee letter that is composed and uses quotes from various evaluators but does not have supporting letters attached.
* Composite letter which usually consists of a cover letter from an advising office and a collection of individual evaluation letters that are attached; with composite letters, the advising office serves as a central collection service for the applicant, but does not make additional assessments of the candidate.

All three types of Committee Letters/Reports are acceptable to ADEA AADSAS, regardless of the number of evaluations that may be contained within the document. (ADEA AADSAS respects the varying philosophies of colleges and universities as to how best to provide a Committee Letter/Report and therefore does not limit the number of evaluations included.)

If you are having a Committee Letter/Report submitted on your behalf, indicate the name and address of the individual who will be submitting the letter. If the Committee Letter/Report is to be submitted electronically, indicate in the Evaluators section the name and email address of the individual who will be submitting the letter.

If you forgot to indicate in the Evaluators section that an individual is submitting a Committee Letter/Report, delete the evaluator and then re-enter your information correctly and Save. If submitting an Uelectronic LOEU, the evaluator will receive a new email indicating that you are again requesting an LOE. If the evaluator is submitting a Upaper LOE, delete the evaluator, correctly re-enter the evaluator’s information, print and provide the evaluator with a new LOE Matching Form.

1. **Reference Type**

   Indicate whether your evaluator will submit an electronic or paper evaluation.

**Right to Access Reference Letters**

   Indicate whether you will or will not waive your right to access letters of evaluation sent on your behalf.

**Reference’s Title**

   Indicate the appropriate prefix of your reference (e.g. Dr., Mr., Ms., etc.)

**Evaluator’s First Name**

   Enter the first name of your evaluator.

**Evaluator’s Last Name**

   Enter the last Name of your evaluator.

**Is this a Committee Letter?**

   Indicate if the letter of evaluation will be prepared by a committee.

**Evaluator’s School/Institution/Business**

   Enter the school, institution or business affiliation of the evaluator.

**Evaluator’s E-mail**

   Enter the email address of the evaluator. Contact the evaluator for the correct email address.

**Evaluator’s Street Address 1**

    Enter the address and street name of the evaluator.

**Evaluator’s Street Address 2**

   If needed enter additional address information for the evaluator.

**Evaluator’s City**

    Enter the city name of the evaluator’s address.

**Evaluator’s State**

   Select the state of the evaluator’s address from the drop-down menu.

**Evaluator’s ZIP/Postal Code**

   Enter the zip code of the evaluator’s address.

**Evaluator’s Country or Territory**

   Select the country or territory of the evaluator’s address from the drop-down menu.

1. **Reference Type**

   Indicate whether your evaluator will submit an electronic or paper evaluation.

**Right to Access Reference Letters**

   Indicate whether you will or will not waive your right to access letters of evaluation sent on your behalf.

**Reference’s Title**

   Indicate the appropriate prefix of your reference (e.g. Dr., Mr., Ms., etc.)

**Evaluator’s First Name**

   Enter the first name of your evaluator.

**Evaluator’s Last Name**

   Enter the last Name of your evaluator.

**Is this a Committee Letter?**

   Indicate if the letter of evaluation will be prepared by a committee.

**Evaluator’s School/Institution/Business**

   Enter the school, institution or business affiliation of the evaluator.

**Evaluator’s E-mail**

   Enter the email address of the evaluator. Contact the evaluator for the correct email address.

**Evaluator’s Street Address 1**

    Enter the address and street name of the evaluator.

**Evaluator’s Street Address 2**

   If needed enter additional address information for the evaluator.

**Evaluator’s City**

    Enter the city name of the evaluator’s address.

**Evaluator’s State**

   Select the state of the evaluator’s address from the drop-down menu.

**Evaluator’s ZIP/Postal Code**

   Enter the zip code of the evaluator’s address.

**Evaluator’s Country or Territory**

   Select the country or territory of the evaluator’s address from the drop-down menu.

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   Indicate whether your evaluator will submit an electronic or paper evaluation.

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   Indicate whether you will or will not waive your right to access letters of evaluation sent on your behalf.

**Reference’s Title**

   Indicate the appropriate prefix of your reference (e.g. Dr., Mr., Ms., etc.)

**Evaluator’s First Name**

   Enter the first name of your evaluator.

**Evaluator’s Last Name**

   Enter the last Name of your evaluator.

**Is this a Committee Letter?**

   Indicate if the letter of evaluation will be prepared by a committee.

**Evaluator’s School/Institution/Business**

   Enter the school, institution or business affiliation of the evaluator.

**Evaluator’s E-mail**

   Enter the email address of the evaluator. Contact the evaluator for the correct email address.

**Evaluator’s Street Address 1**

    Enter the address and street name of the evaluator.

**Evaluator’s Street Address 2**

   If needed enter additional address information for the evaluator.

**Evaluator’s City**

    Enter the city name of the evaluator’s address.

**Evaluator’s State**

   Select the state of the evaluator’s address from the drop-down menu.

**Evaluator’s ZIP/Postal Code**

   Enter the zip code of the evaluator’s address.

**Evaluator’s Country or Territory**

   Select the country or territory of the evaluator’s address from the drop-down menu.

1. **Reference Type**

   Indicate whether your evaluator will submit an electronic or paper evaluation.

**Right to Access Reference Letters**

   Indicate whether you will or will not waive your right to access letters of evaluation sent on your behalf.

**Reference’s Title**

   Indicate the appropriate prefix of your reference (e.g. Dr., Mr., Ms., etc.)

**Evaluator’s First Name**

   Enter the first name of your evaluator.

**Evaluator’s Last Name**

   Enter the last Name of your evaluator.

**Is this a Committee Letter?**

   Indicate if the letter of evaluation will be prepared by a committee.

**Evaluator’s School/Institution/Business**

   Enter the school, institution or business affiliation of the evaluator.

**Evaluator’s E-mail**

   Enter the email address of the evaluator. Contact the evaluator for the correct email address.

**Evaluator’s Street Address 1**

    Enter the address and street name of the evaluator.

**Evaluator’s Street Address 2**

   If needed enter additional address information for the evaluator.

**Evaluator’s City**

    Enter the city name of the evaluator’s address.

**Evaluator’s State**

   Select the state of the evaluator’s address from the drop-down menu.

**Evaluator’s ZIP/Postal Code**

   Enter the zip code of the evaluator’s address.

**Evaluator’s Country or Territory**

   Select the country or territory of the evaluator’s address from the drop-down menu.

B**Dental School Designations**

In this section applicants select the schools to which they wish to apply. A school is not considered designated until the corresponding fee has been paid in full by the deadline date.

**Add/Delete Dental Schools to Which You Wish to Apply**

    Select the country or territory of the evaluator’s address from the drop-down menu.

**Apply Early**

**Do** U**not**U **wait to the last minute to submit your ADEA AADSAS application!** You are strongly encouraged to submit your ADEA AADSAS application Uat leastU four weeks prior to the earliest deadline among your designated schools.

Many dental schools begin interviewing candidates in August and September. December 1 is the date that dental schools begin extending offers of admission. Applications received early have a much better chance of being seriously considered.

1**School Application Deadline**

The ADEA AADSAS deadline date listed for each dental school indicates the date by which your application must be received by ADEA AADSAS. Dental schools will consider for admission those applicants whose AADSAS application, fee payment, and official transcripts are received at ADEA AADSAS by the stated deadline. Your ADEA AADSAS Application must be submitted by 11:59 p.m. **Eastern Time** on the deadline dates.

After you e-submit your application and your official transcripts are received, allow 4-6 weeks for ADEA AADSAS to process your application. Deadline dates areU**not**U extended if they fall on a weekend or holiday.

**Withdrawing Your Application**

If you wish to withdraw your submitted ADEA AADSAS Application from consideration, contact the dental schools directly. ADEA AADSAS does not provide refunds to applicants who choose to withdraw applications from any or all dental schools.

19B**Substituting or Deleting Dental School Designations**

ADEA AADSAS does not accept requests to substitute or delete schools after your application has been submitted. If you wish to remove your application from consideration at a dental school(s), contact the dental school(s) directly.

20B **Adding Additional Schools after e-Submission**

When submitting your application to ADEA AADSAS, carefully select the schools to which you seek admission.

You may apply to additional schools after you have submitted your ADEA AADSAS application. Login to your application, go to “Dental School Designations” and select additional schools. The processing fee for additional designations is $80 for each additional school. You cannot apply to a school after its deadline date.

Do UnotU create a new ADEA AADSAS application to apply to additional dental schools!

**ADEA AADSAS Application Fee**

* Once you have completed and **submitted** your application, you will be directed to the payment screen. **Your application will not be processed without payment.**

* Pay the AADSAS application fee online by using your credit card (VISA, MasterCard, American Express or Discover).

**OR**

* Make payment by check or money order. Download the ADEA AADSAS Payment Form. Attach and submit your check/money order to the Payment Form. Checks and money orders must be made payable to ADEA AADSAS. Provide the check number on your payment form. If you do not submit this form, your application may be delayed. All ADEA AADSAS fees are to be paid by U.S. currency drawn on U.S. bank or the U.S. Postal Service. Do not send cash.

If there is discrepancy between the amount of your payment and the number of schools to which you have applied, application processing will be halted and you will be contacted to resolve the discrepancy. Your ADEA AADSAS Application will not be processed unless full payment is received for all your designations.

Processing Fee and Payment Form must be sent to (checks and money orders only):

**ADEA AADSAS**

**1400 K Street NW, Suite 1100 Washington, DC 20005**

**ADEA AADSAS Processing Fee Table**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of**  **Schools** | **Original**  **Request**  **Total Cost** | **Number of**  **Schools** | **Original**  **Request**  **Total**  **Cost** | **Number of**  **Schools** | **Original**  **Request**  **Total Cost** | **Number of**  **Schools** | **Original**  **Request**  **Total Cost** | **Number of**  **Schools** | **Original**  **Request**  **Total**  **Cost** |
| **1** | $238 | **15** | $1,358 | **29** | $2,478 | **43** | $3,398 | **57** | $4,718 |
| **2** | $318 | **16** | $1,438 | **30** | $2,558 | **44** | $3,678 | **58** | $4,798 |
| **3** | $398 | **17** | $1,518 | **31** | $2,638 | **45** | $3,758 | **59** | $4,878 |
| **4** | $478 | **18** | $1,598 | **32** | $2,718 | **46** | $3,838 | **60** | $4,958 |
| **5** | $558 | **19** | $1,678 | **33** | $2,798 | **47** | $3,918 | **61** | $5,038 |
| **6** | $638 | **20** | $1,758 | **34** | $2,878 | **48** | $3,998 | **62** | $5,118 |
| **7** | $718 | **21** | $1,838 | **35** | $2,958 | **49** | $4,078 | **63** | $5,198 |
| **8** | $798 | **22** | $1,918 | **36** | $3,038 | **50** | $4,158 | **64** | $5,278 |
| **9** | $878 | **23** | $1,998 | **37** | $3,118 | **51** | $4,238 | **65** | $5,358 |
| **10** | $958 | **24** | $2,078 | **38** | $3,198 | **52** | $4,318 |  |  |
| **11** | $1,038 | **25** | $2,158 | **39** | $3,278 | **53** | $4,398 |  |  |
| **12** | $1,118 | **26** | $2,238 | **40** | $3,358 | **54** | $4,478 |  |  |
| **13** | $1,198 | **27** | $2,318 | **41** | $3,438 | **55** | $4,558 |  |  |
| **14** | $1,278 | **28** | $2,398 | **42** | $3,518 | **56** | $4,638 |  |  |

**Refund Policy**

ADEA AADSAS does not issue a refund for submitted applications. To withdraw your ADEA AADSAS application from consideration you must send a letter to ADEA AADSAS. In the letter, include your full name, ADEA AADSAS ID number, and the reason why you are withdrawing your application.

**Returned Checks**

ADEA AADSAS charges a returned check fee of $35 for all checks returned by the bank after deposit. AADSAS will notify you if your check is returned. During that time, you will be informed to pay the original fee along with the penalty fee by money order or certified check within 10 business days. ADEA AADSAS will stop the processing of your application and the dental schools will be informed.

**Dental School Supplemental Fees**

Some dental schools request an additional fee (supplemental) after you have completed the ADEA AADSAS Application. DO NOT SEND THE SUPPLEMENTAL FEES TO ADEA AADSAS. Supplemental fees will be returned to you and should be sent directly to the dental school(s) requesting them.

**Fee Assistance Program (FAP)**

This program was created for applicants who demonstrate an extreme need for financial assistance. Eligibility for FAP is determined by reviewing the financial resources of the applicant, spouse, and parent/guardian of the applicant. All FAP applicants are required to meet minimum qualifications before applying. This program is not affiliated with any government, college or university, scholarship, grant or fellowship programs. This is an independent program offered by ADEA.

It is important that you read all FAP policies and instructions carefully before completing an FAP application. Failing to thoroughly read policies and instructions may result in a delay in processing your requests, and result in missed deadlines and disqualification for fee assistance.

The Fee Assistance Program becomes available on June 4, 2012, with the start of the 2013 ADEA AADSAS application at which time applicant may begin applying. You may submit your request for Fee Assistance between June 4, 2012 and January 1, 2013 (or until all FAP funding is awarded). To receive Fee Assistance, applicants must complete the “Fee Assistance Application” section and mail all FAP required documents (FAP Packet) to ADEA AADSAS FAP. Applicants have 10 days from the time they complete the FAP section to submit their FAP Packet.

**Note:** Applicants should not eSubmit their ADEA AADSAS application while a FAP decision is pending. Applicants that eSubmit their application will no longer qualify for FAP and their request for Fee Assistance will **automatically** be denied.

**FAP Packet (Required and Supplemental Documents)**

After an applicant has completed and saved the online FAP section, he/she will be required to mail required and supplemental documents to ADEA AADSAS for FAP. These documents are used to determine eligibility.

The FAP Packet that you mail to ADEA AADSAS must contain:

* ADEA AADSAS FAP Cover Sheet
* Documentation of income for 2011 (see options below)

The documents you are required to submit in your FAP Packet are based on your dependency status and tax filing status.

* If you were born on or after January 1, 1987, you must provide documentation of 2011 income for yourself, your spouse (if applicable), and your parents.
* If you were born before January 1, 1987, you must provide documentation of 2011 income for yourself and your spouse (if applicable).

FAP packets received without the proper documentation including the coversheet will **automatically** be denied for FAP. If you have questions concerning this process contact FAPAADSAS@adea.org:

**Reminder:** Due to heavy volume, it may take up to 5 business days to review your application. Applicants should be aware that they have 10 business days to send their FAP Packet to ADEA AADSAS.

For more detailed information regarding the FAP, please see FAP instructions or visit the 2013 ADEA AADSAS Application.

**Supplemental Material Sent to Dental Schools**

Send only required documents to ADEA AADSAS. Any other documents received by ADEA AADSAS including supplemental materials requested by specific dental schools will be considered unrelated materials. ADEA AADSAS will not return unrelated materials to you, nor forward the unrelated materials to designated dental schools. Examples include resumes, photographs, writing samples, certificates, official DAT scores from the ADA or the CDA and other miscellaneous documents.

**Supplemental Applications and Fees**

In addition to the ADEA AADSAS application, dental school programs may require you to send a supplemental application and fee directly to the institution. Supplemental application deadlines may vary from school to school. Review the “Supplemental Information” section in the Dental School Designation folder on the login page of the ADEA AADSAS application.

**The Supplemental Table for specific dental schools is located on the home page of the 2013 ADEA AADSAS Application.**

**Check the Applicant Portal or the ADEA website periodically for any changes that may occur. ADEA AADSAS is not responsible for any deadline dates missed or missing information.**

**Before E-Submitting Your Application**

Review the checklist below again to ensure that you properly complete the ADEA AADSAS application process:

**ADEA AADSAS Checklist**

**Did you…**

Complete the sections labeled:

* Biographic Information
* Parent and Family Information
* Background Information
* Disadvantaged Status
* Secondary (High) School Information
* Colleges Attended/Coursework (Transcript Matching Form)  Canadian DAT Scores

Complete all sections of Professional Experience:

1. Academic Enrichment Programs
2. Awards, Honors, Scholarships
3. Dentistry Experience: Paid/Volunteer/Job Shadowing
4. Extracurricular/Volunteer/Community Service
5. Research Experience
6. Work Experience

Complete:

* Personal Statement
* Evaluators (LOE Matching Form)
* Release Statement
* Dental School Designations
* Apply to the Fee Assistance Program (FAP) (if applicable) o Submit FAP Coversheet with all required documents to ADEA AADSAS

Please note that applicants applying to the **Fee Assistance Program (FAP)** should only select one dental school designation before eSubmitting their ADEA AADSAS application.

If approved, the first original dental school designation will be waived. If denied, please send check/money order to ADEA AADSAS in the amount of $238 to cover your first original dental school designation fee. Applicants will be allowed to apply to additional dental schools once the FAP decision has been made and applicants complete the FAP process. Applicants that submit payment (credit card or mailed check/money order) **while a FAP decision is still pending** will no longer be eligible for the Fee Assistance Program. Fee Assistance is not available for applicants applying to additional dental school designations.

**Print and use** an “ADEA AADSAS Transcript Matching Form” to accompany each of your official transcript requests?

**Print and use** the “ADEA AADSAS Letter of Evaluation Matching Form” to accompany each of your paper evaluation letters?

**Enter** all of your U.S., U.S. Overseas, and Canadian coursework from your transcripts?

**Enter** your entire International (foreign, non-U.S.) coursework from your transcripts?

**Review** your application for accuracy?

**Print** a copy of your completed application for your personal records?

**Send** payment to ADEA AADSAS?

**Dental School Admission Checklist**

**If required by the dental school, did you…**

Submit a supplemental application and fee directly to the dental school?

**After E-Submitting Your ADEA AADSAS Application**

**ADEA AADSAS Application Cycle**

The ADEA AADSAS application cycle begins on June 4, 2012 for Fall 2013 enrollment. You may start your ADEA AADSAS application as soon as it is available. Check the deadline date for each designated dental school you plan to apply to, to ensure you meet the required deadline dates. The first application deadline is September 1, 2012 and the last application deadline is February 1, 2013. The 2013 ADEA AADSAS application cycle closes on February 1, 2013.

**What’s Next?**

ADEA AADSAS considers your application complete and begins processing after the following are received:

1. Complete ADEA AADSAS application (submitted online) [HUwww.adea.orgUH](http://www.adea.org/)
2. One official transcript from every college and university attended mailed directly to ADEA AADSAS from the institution’s registrar office.
3. Application fee (credit card via online application, check, or money order).

ADEA AADSAS does UnotU hold up the processing of your application if your letters of evaluation have not arrived.

Allow 4-6 weeks for application processing.

**Monitoring the Status of Your ADEA AADSAS Application**

You can check the status of many items in your application, including the date(s) transcript(s) and letters of evaluation are received by ADEA AADSAS, when your transcripts have been verified and GPA’s have been computed, and when your application information has been sent to the dentals schools both electronically and in printed form.

Important messages can also be sent to you by ADEA AADSAS either through email or through your application.

If you have questions that cannot be answered by reading the ADEA AADSAS Instructions or FAQ’s or by monitoring your application status online, you can contact Customer Service either by phone 617-612-2045 or by email (aadsasinfo@aadsasweb.org).

**Updating Your Coursework – Academic Update**

After initially e-submitting your ADEA AADSAS application, you may want to update your college coursework history to reflect newly completed or planned/in progress courses.

ADEA AADSAS provides the opportunity to update coursework during the Academic Update period (the date will be posted to the ADEA AADSAS Calendar). Approximately 30 days prior to the Academic Update period, applicants will receive an email message from ADEA AADSAS, providing specific instructions on how to update coursework information.

During the Academic Update period, applicants can supply grades earned for courses that were listed in the “Course Planned/In Progress” section of the application, and can add/delete/modify courses listed in that section.

Be sure to submit an official transcript reflecting new grades that are added during the Academic Update. All new grades will be verified and new ADEA AADSAS GPA’s computed and made available to your designated dental schools.

**How to Complete the Academic Update**

Specific instructions on how to update courses are sent via email to ADEA AADSAS applicants approximately 30 days prior to the Academic Update period.

**Reporting Grade Changes**

Occasionally, applicants report that a grade has been changed on a transcript that has already been verified. This can occur when a grade has been successfully appealed or when a recording error occurred at the college/university. To report grade changes to ADEA AADSAS, contact ADEA Customer Service by phone 617-612-2045 or email: aadsasinfo@aadsasweb.org for further instructions. Grade changes that are the result of removal of Incomplete or Deferred grade changes can be updated only during the Academic Update period.

**GPA Calculations**

After ADEA AADSAS receives ALL your official U.S., U.S. Territory and Canadian transcripts, a course-bycourse verification process is conducted. Verification refers to the matching of courses on your official transcripts with

the courses you entered in the Coursework section of your ADEA AADSAS application. ADEA AADSAS checks the course information you reported on your application against your official transcripts, and will report any discrepancies to your designated dental schools.

To calculate a grade-point average (GPA), ADEA AADSAS calculates your total quality points by multiplying semester hours attempted by the value of the verified ADEA AADSAS grade. Quarter hours and units are converted to semester hours (quarter hours are multiplied by .667). Quality points are divided by the total number of hours for completed courses to calculate a GPA. ADEA AADSAS reports GPA’s in semester-based 4.0 grading scales.

**ADEA AADSAS Grade**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A+** | **A** | **A-** | **AB** | **B+** | **B** | **B-** | **BC** | **C+** | **C** | **C-** | **CD** | **D+** | **D** | **D-** | **DE** | **F** |
| **Quality Points Assigned** | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
| **4.33** | **4** | **3.7** | **3.5** | **3.3** | **3** | **2.7** | **2.5** | **2.3** | **2** | **1.7** | **1.5** | **1.3** | **1** | **0.7** | **0.5** | **0** |

ADEA AADSAS calculates your GPA and reports it in a number of ways:

* **BCP GPA**: All undergraduate courses identified on your transcript as Biology, Chemistry and Physics are used in computing this GPA.
* **Science GPA**: All undergraduate courses identified on your transcript as Biology, Chemistry, Physics, Math and Other Science is used in computing this GPA.
* **Non-science GPA**: All undergraduate courses not used in calculating the Science GPA are used to compute this GPA.
* **Undergraduate GPA**: All courses for which undergraduate credit is received are used in computing this GPA.
* **Graduate GPA**: All courses for which graduate credit is received are used in computing this GPA.
* **Overall GPA**: All courses-both undergraduate and graduate- are used to compute this GPA. (For most dental school applicants who have not completed graduate courses, the overall GPA is the same as the Undergraduate GPA).
* **College/University GPA’s**: GPA’s are reported for each college/university you have attended.

**ADEA AADSAS GPA Calculation Rules**

ADEA AADSAS calculates standardized GPA’s to help participating dental schools evaluate applicants using uniform and consistent criteria, regardless of various institutional transcript policies. ADEA AADSAS GPA’s may be different from those calculated by the colleges and universities because of the ADEA AADSAS grade standardization process. Institutions may choose to use the ADEA AADSAS GPA’s or calculate GPA’s for their own institutional use.

GPAs include verified course data from accredited U.S. and Canadian colleges and universities only.

All courses with credit hours and an ADEA AADSAS Grade are calculated into ADEA AADSAS GPA's, regardless of whether the credit counts toward a degree or has been counted toward a college/university GPA.

ADEA AADSAS counts grades and hours assigned by the school where the courses were originally taken, not by any school that has granted transfer credit. (The only exception to this rule is Study Abroad coursework that transferred to a U.S. or English-speaking Canadian institution with itemized credit and grades.)

* ADEA AADSAS includes ALL initial AND repeated coursework in its GPA calculations.
* Grades and credit hours for all FAILED courses will be included in the ADEA AADSAS GPA, even if they are not included in the GPA calculations of the transcript-issuing institution.
* ADEA AADSAS automatically converts quarter hours to semester hours (Quarter Hour x .67). For example a 5 quarter credit hour course will be converted by ADEA AADSAS to 3.33 semester hours.
* The following course types are not included in ADEA AADSAS GPA calculations.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Advanced Placement CLEP |  | International Baccalaureate Incomplete |

 Audit

* The Grade value of each course is multiplied by the semester hours for that course to determine quality points.
* Cumulative quality points are divided by cumulative attempted hours. (Total Quality Points ÷ Total Credit Hours Attempted = GPA)
* All credit hours are rounded to the hundredth place.
* ADEA AADSAS GPAs are rounded at the hundredth place.

**Numeric Grading Schemes**

Some college transcripts report numeric grades rather than alpha (letter) grades. Registrars often provide a transcript key to indicate the letter value for each numeric grade. The letter value varies by college and university. For example, a “92” may be equal to an “A” at one institution and “B” at another institution. ADEA AADSAS verifies that the applicant selected the correct letter “ADEA AADSAS Grade” based on the transcript key. If the transcript does not indicate a corresponding letter grade, ADEA AADSAS will default to the standardized grade scale below.

**Grade on Transcript**  **“AADSAS Grade” and Value** (No alpha grade key on transcript)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 100-90 |  |  |  |  |  |  | A | (4.0) |
| 89-80 |  |  |  |  |  |  | B | (3.0) |
| 79-70 |  |  |  |  |  |  | C | (2.0) |
| 69-60 |  |  |  |  |  |  | D | (1.0) |
| >60 |  |  |  |  |  |  | F | (1.0) |

**Grade on Transcript**  **“AADSAS Grade” and Value**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (No alpha grade key on transcript) | | | | | | |  | |  |
| >4.00 |  |  |  |  |  |  | A+ (4.3) | |  |
| 4.00-3.80 |  |  |  |  |  |  | A (4.0) | |  |
| 3.79-3.60 |  |  |  |  |  |  | A- (3.667) | |  |
| 3.59-3.40 |  |  |  |  |  |  | AB (3.5) |  |  |
| 3.39-3.10 |  |  |  |  |  |  | B+ (3.3) |  |  |
| 3.09-2.80 |  |  |  |  |  |  | B (3.0) |  |  |
| 2.79-2.60 |  |  |  |  |  |  | B- (2.7) |  |  |
| 2.59-2.40 |  |  |  |  |  |  | BC (2.5) |  |  |
| 2.39-2.10 |  |  |  |  |  |  | C+ (2.3) |  |  |
| 2.09-1.80 |  |  |  |  |  |  | C (2.0) |  |  |
| 1.79-1.60 |  |  |  |  |  |  | C- (1.7) |  |  |
| 1.59-1.40 |  |  |  |  |  |  | CD (1.5) |  |  |
| 1.39-1.10 |  |  |  |  |  |  | D+ (1.3) |  |  |
| 1.09-0.80 |  |  |  |  |  |  | D (1.0) |  |  |
| 0.79-0.60 |  |  |  |  |  |  | D- (0.7) |  |  |
| 0.59-0.40 |  |  |  |  |  |  | DE (0.5) |  |  |
| Less than or equal to 0.39 | | | | |  |  | F (0.0) |  |  |
| Non-graded designations | | | | |  |  | None |  |  |

**An Example of how GPA’s are computed**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Course** | **Grade** | **Grade Weight** |  | **Semester Hours** |  | **Total Quality Points** |
| Biology 101 | A | 4.0 | X | 5 | = | 20.0 |
| Chemistry 101 | B+ | 3.3 | X | 3 | = | 9.9 |
| Chemistry 103 | A- | 3.7 | X | 2 | = | 7.334 |
| English 131 | B | 3.0 | X | 3 | = | 9.0 |
| Sociology 291 | C+ | 2.7 | X | 3 | = | 6.9 |
| Special Topics 201 | P | n/a |  | 1 (but not counted) |  | n/a |
| **TOTALS** |  |  |  | **16 hrs.** |  | **53.1 quality points** |

The GPA is computed by dividing total quality points by the number of semester hours earned with grade (note that the grade of P is not calculated in the GPA). In this semester, the student’s semester GPA is 3.4 (54.4 quality points/16 semester hours).

Note that grades of P or Credit are not used in computing a GPA.

**Reviewing your ADEA AADSAS GPA Calculations**

You may review your ADEA AADSAS GPAs by logging into your ADEA AADSAS Application. ADEA AADSAS

GPAs are likely to be different from those calculated by the colleges and universities you attended due to the ADEA AADSAS grade standardization process. Your ADEA AADSAS GPAs will be calculated within 4-6 weeks after ADEA AADSAS receives your completed application, ALL transcripts, and ADEA AADSAS application fee.

**Factors that may result in a GPA calculation than is different from your transcript**

ADEA AADSAS-calculated GPA’s can vary from GPA’s computed by colleges/universities and from applicants’ expectations for many reasons:

* Did you attend more than one college/university? Generally, most colleges and universities do not use

grades earned at previously-attended colleges/universities in the computation of their school’s GPA.

* Did you repeat any courses? Many college/universities count only the “new” grade in the repeated course(s) in GPA computation. ADEA AADSAS counts the previously-earned grade and the “new” grade. For example, if you took Introduction to Biology in Fall 2010 and earned a grade of C, then retook the same course in Spring 2011 and earned an A, both the C grade and the A grade would be used by ADEA AADSAS to calculate your GPA.

* What is your college/university’s grade weighting scale? Some schools use different scales than those that are used by ADEA AADSAS. For example, at some schools, a B+ grade equals a grade weight of 3.5, but for ADEA AADSAS a B+ grade equals a grade weight of 3.3.

* Has a grade change occurred since submitting your transcript to ADEA AADSAS? If so, follow the

steps outlined in “Reporting Grade Changes.”

* Remember that “quarter hours” and “unit hours” are converted to semester hours for ADEA AADSAS computation. Some applicants have earned credits at two or more colleges/universities that have different academic terms. To compute GPA’s, ADEA AADSAS converts all credit hours earned to semester hours.

**What to do if you believe your GPA is not computed correctly**

If you still believe your GPA’s are not accurately computed, identify the specific nature of the problem,

(e.g. is a course grade reported incorrectly, is a science grade not properly designated) and notify ADEA Customer Service Representatives. Be as specific as possible. A representative from the Transcript Processing Department will review your inquiry and will contact you.