

**Tufts University School of Dental Medicine
8 Year Early Assurance Program
Application Instructions**

1. The attached application and supporting documents should be received by the Office of Admissions at the School of Dental Medicine no later than April 1, 2016. Late applications will not be accepted.
2. Include a \$60.00 nonrefundable application fee with the application, with the check or money order made payable to Trustees of Tufts College.
3. Applications should be sent to:
Tufts University School of Dental Medicine
Office of Admissions
One Kneeland Street – 15th Floor
Boston, MA 02111
c/o Tufts 8 Year Early Assurance Program
4. Request that your transcript be sent from the Registrar's Office in Dowling Hall to the Tufts University School of Dental Medicine Office of Admissions. As you are applying during the spring of your second year, this transcript will list your courses and grades through the fall semester of your second year and your courses in progress for the current spring semester.
5. When you have completed the spring semester of your second year and your spring term grades have been posted, request that another transcript be sent to the Tufts University School of Dental Medicine Office of Admissions. This transcript is the only document that should arrive after April 1, 2016.
6. Request that letters of recommendation be sent from two faculty members at Tufts to the Office of Admissions. At least one of the letters of recommendation should be from a faculty member in the basic sciences (e.g., Biology, Chemistry, Physics). The authors should send their letters directly to the School of Dental Medicine, Office of Admissions. Discuss and determine with each author whether the letter is to be confidential; if so, complete and sign the attached waiver form and give it to the author to send with his/her letter.

**Tufts University School of Dental Medicine
8 Year Early Assurance Program
2016**

NAME: _____

Tufts Student ID Number: _____

E-mail Address: _____

Campus Address:

(Street 1)

(Street 2)

(City, State, Zip)

(Phone Number)

Permanent Address:

(Street 1)

(Street 2)

(City, State, Zip)

(Phone Number)

List:

1. Science Courses

Please list below any courses you have already completed in the departments of Biology, Chemistry, Physics or Math. List the course numbers, course names and the grades you earned. If you took the courses elsewhere, and transferred the credit to Tufts, list the name of the school where you took the course. Please also list AP credit that you have been awarded by Tufts University.

2. Current (Spring) Semester

Please list below the course names and course numbers of all courses in which you are currently enrolled.

Essay

Please complete essays on **all three topics** listed below; one typewritten page of text in response to each question should be sufficient for conveying information about you that is not as easily discernable through a review of your transcript and related documents.

Please staple your responses to this application form, printing your name and Tufts ID number on the top of each page.

1. Describe any community service experiences you have had. Community service in this context means involvement in meeting the health-related, psycho-social, educational or economic needs of others.
2. Describe any other extra-curricular, volunteer or employment experience which you think is relevant to your application.
3. Describe your motivation for a career in dentistry. Include any experiences you have had in the dental field as well as personal qualities you believe make you well suited for a career in dentistry.

Resume

Please attach a resume outlining your activities and accomplishments.

3. Acknowledgement

To the best of my knowledge and belief, the information provided by me in this application is true and accurate.

Applicant Signature

Date

**Tufts University School of Dental Medicine
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2016**

Science Professor Letter of Evaluation

Please submit letter of evaluation and this form in signed and sealed envelope no later than April 1, 2016 to:

Tufts University School of Dental Medicine
Office of Admissions
One Kneeland Street - 15th Floor
Boston, MA 02111
c/o Tufts 8 Year Early Assurance Program

Applicant Information (please print or type)

Name: _____ SID#: _____

Name of Evaluator: _____

Title: _____

The Family Educational Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are permitted to waive their right of access to evaluations. The following statement indicates the wish of the applicant regarding this evaluation.

This waiver is not required as a condition for admission to or receipt of financial aid or any other services and benefits from Tufts University. It is Tufts University policy that all letters of evaluation be used for the admissions process only and will be disposed of after they have served this purpose.

I waive _____ I do not waive _____ my right to inspect the contents of the following evaluation.

Signature of Applicant _____ Date _____

To the evaluator: Thank you for agreeing to submit a letter on behalf of the aforementioned applicant to the Tufts University Early Assurance Program. Please comment on the applicant's academic abilities, personal and professional maturity, and motivation for and commitment to a program of study at Tufts University School of Dental Medicine. Also, please indicate your relationship to the applicant and how long you have known the individual. You are encouraged to include any additional information that will help the Admissions Committee evaluate the applicant. Please attach the letter to this form.

Print Name of Evaluator _____

Signature of Evaluator _____ Date _____

Institution and address _____

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Second Professor Letter of Evaluation

Please submit letter of evaluation and this form in signed and sealed envelope no later than April 1, 2016 to:

Tufts University School of Dental Medicine
Office of Admissions
One Kneeland Street - 15th Floor
Boston, MA 02111
c/o Tufts 8 Year Early Assurance Program

Applicant Information (please print or type)

Name: _____ SID#: _____

Name of Evaluator: _____

Title: _____

The Family Educational Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are permitted to waive their right of access to evaluations. The following statement indicates the wish of the applicant regarding this evaluation.

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I waive _____ I do not waive _____ my right to inspect the contents of the following evaluation.

Signature of Applicant _____ Date _____

To the evaluator: Thank you for agreeing to submit a letter on behalf of the aforementioned applicant to the Tufts University Early Assurance Program. Please comment on the applicant's academic abilities, personal and professional maturity, and motivation for and commitment to a program of study at Tufts University School of Dental Medicine. Also, please indicate your relationship to the applicant and how long you have known the individual. You are encouraged to include any additional information that will help the Admissions Committee evaluate the applicant. Please attach the letter to this form.

Print Name of Evaluator _____

Signature of Evaluator _____ Date _____

Institution and address _____