Dean’s Certification of Disciplinary History Form

To the applicant: Complete the spaces below and sign and date this form where indicated. Please submit this form to a school official associated with the Dean of Student Affairs at the undergraduate institution in which you earned the BA, BS, or other baccalaureate degree along with a stamped envelope addressed to the above address. Tufts University School of Dental Medicine will maintain strict confidentiality of this document.

Legal Name of Applicant: ____________________________________________________________________________

(Applicant’s Last Name) (First Name) (M.I.)

Applicants are required to disclose all information relating to any disciplinary action whether it resulted in a sanction or not. Applicants have a continuing obligation to disclose all disciplinary history (whether final or not) prior to matriculation at TUSDM. Discipline history listed below will result in further investigation and may result in withdrawal of admissions offer. Additionally, failure to disclose additional information will result in further investigation and may result in withdrawal of admissions offer. Such decision will be at the discretion of the Admissions Committee.

I have requested this certification form be completed for use in the admissions process at Tufts University School of Dental Medicine. I hereby authorize a designated official at my degree granting undergraduate school to release information regarding my disciplinary history in connection with academic performance and/or conduct or behavior while a student at such institution to Tufts University School of Dental Medicine.

Applicant Signature __________________________________________ Date ________________

Waiver of Access

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 such documents. The following statement indicates the wish of the applicant regarding this document.

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 this document be used for the admissions process only and will be disposed of should the applicant matriculate at Tufts.

I waive_____ I do not waive_____ my right to inspect the contents of the following document.

Applicant Signature __________________________________________ Date ________________

TO BE COMPLETED BY A DESIGNATED STUDENT AFFAIRS OFFICIAL AT SCHOOL

1. Has the above listed student been subject to disciplinary action at your school in connection with academic performance?
   __________ Yes ____________ No

   If you answered yes to the previous question, please provide an explanation regarding such disciplinary action including
   1) a brief description of the incident that was the basis for the disciplinary action including date of such incident, 2) the
   specific charge(s) made, and 3) the disciplinary action taken.

Please complete reverse side.
2. Has the above listed student been subject to disciplinary action at your school in connection with conduct or behavior?
   __________Yes __________No

   If you answered yes to the previous question, please provide an explanation regarding such disciplinary action including 1) a brief description of the incident that was the basis for the disciplinary action including date of such incident, 2) the specific charge(s) made, and 3) the disciplinary action taken.

3. Has any incident(s) in connection with academic performance and/or conduct or behavior been expunged from the individual’s record?
   __________Yes __________No

   If you answered yes to the previous question, please provide an explanation regarding such disciplinary action including 1) a brief description of the incident that was the basis for the disciplinary action including date of such incident, 2) the specific charge(s) made, and 3) the disciplinary action taken.

Please complete the sections below and sign and date.
Please provide an official school seal over signature.

Name of School Official Completing Form (Please print) Institution Name

Title Phone Number Email

Signature of School Official (with official school seal) Date

Please return this form in a signed and sealed envelope to the address listed on the reverse side.