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 10, 2020. 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 10, 2020.

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
2020

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.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
The Tufts School of Dental Medicine offers an Early Assurance Program

Essay
The admissions office at TUSDM reviews applicants holistically and is very interested in many aspects of an applicant’s preparation, not strictly their academic metrics. The three essay questions below will provide the admissions committee with important insight into your character and motivation. The committee will be looking for sustained, meaningful participation in community service, leadership roles on campus, and informed motivation for dentistry. If you are admitted through the EAP, these will be evaluated again in the fall of your senior year when you submit the formal AADSAS application and interview at the dental school.

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
Science Professor Letter of Evaluation

Please submit letter of evaluation and this form in signed and sealed envelope no later than April 10, 2020 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.

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 __________________________
Tufts University School of Dental Medicine  
8 Year Early Assurance Program  
2020

Second Professor Letter of Evaluation

Please submit letter of evaluation and this form in signed and sealed envelope no later than April 10, 2020 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.

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 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 __________________________