

Application Form

Please circle desire program (1) (2) (3)
<http://sdm.rutgers.edu/pipline/decision/application.pdf>

Name: _____

Date of Birth: _____ **Home Phone #:** _____

Home Address: _____

Home e-mail: _____

School e-mail: _____

***Gender** _____ ***Ethnicity** _____ ***Grade** _____

Contact person and phone # in case of an emergency:

Relationship: _____ **Phone #:** _____

Student's School: _____

School Address: _____

Career/Guidance Counselor _____

Counselor's Phone #: _____

Counselor's Email: _____

*Responding to these questions is optional. If you do not answer these questions, it will not affect your chances of being admitted.

Parental Consent:

_____ **Yes**, I give permission for my child/ward to participate in the RSDM Decision for Dentistry Program. I will ensure that he or she participates in all three days of activities, and I will assume all responsibility for transportation of my child/ward through my own arrangements. I understand that RSDM will not provide transportation.

_____ **No**, I do not want my child/to participate in this program

_____ **Yes** _____ **No** During the course of the program, photographs may be taken for use in materials promoting the "Decision for Dentistry" program RSDM. Do you authorize RSDM to take photographs to be used for promotional purposes?

Print parent/guardian's name _____

Parent/Guardian Signature: _____

A letter of recommendation from your school principal or career/guidance counselor and waiver must be submitted with your application. The letter of recommendation shall verify that:

- You are a student in good standing, currently enrolled at school
- You are permitted to be absent from school for all three days of the program.

PLEASE RETURN TO:
Maritza Camacho
Admissions Coordinator
Rutgers School of Dental Medicine
110 Bergen St. B830
Newark, NJ 07103
camachma@sdm.rutgers.edu