Boston University Henry M. Goldman School of Dental Medicine Admissions

100 East Newton Street G-305 Boston, Massachusetts 02118 T 617-638-4787 F 617-638-4789 http://www.bu.edu/dental/admissions/



2015 DMD Acceptance Confirmation

Congratulations on your admission into the Henry M. Goldman School of Dental Medicine!

To confirm your intention to enroll, submit these materials to Admissions by your confirmation deadline:

- > Acceptance Confirmation (print and complete this form)
- > Deposit Check or Money Order: non-refundable \$3,000 tuition deposit payable to Boston University in U.S. dollars.
- > Please write your name in the memo area of the check, and note your program of admission (DMD).
- A photocopy of the information page of your passport (International Students)
- Your BU student record name must be recorded *exactly* as it appears on your passport, to comply with immigration regulations.
- Permanent Residents should submit a notarized photocopy of both sides of the Alien Registration Receipt Card ("green card")

Submit the documents listed below to Admissions as soon as possible; these materials must be received prior to matriculation to demonstrate your eligibility and complete your official student record.

So A background check is required for all enrollees; you will receive emailed instructions from Certiphi Screening, Inc. Official, original paper documents

- □ Official bachelor's degree transcript indicating the date your degree was conferred
- □ Official advanced degree transcript indicating the date your degree was conferred (if relevant)
- Dean's Certification

International students must submit materials to obtain the required I-20 document

- Refer to www.bu.edu/isso and http://www.bu.edu/dental/admissions/accepted-applicants/international/
- □ International Student Data Form (complete ISDF, print, sign and mail original to Admissions)
- Copy of your passport information page with full name, photo and passport expiration date.
- Copies of any prior immigration documents, including all prior I-20s, I-94 and visas.
- □ Financial documentation as defined in the International Student Data Form.

Your printed name exactly as it appears on your passport:

Last name (Family/Surname)	First name		Middle name	
Country of citizenship		[US Citizen	US Permanent Resident
Date of Birth	Gender	∃Female □Male	Marital Status	□Single □Married
Permanent address in country of citizenship, if not US	Scitizen or US Permanent F	Resident (address canno	ot be a Post Office	box)
USA address, if USA citizen, US Permanent Resident, o	or currently residing in the I	JSA		valid until (date)
Telephone	Email			
USA Social Security Number		USA Socia	al Security Numb	er not assigned
Prior enrollment at Boston University	□Yes: BU identif i	cation number		
AADSAS # DEN	TPIN	Acceptance c	ode from offer l	etter
I accept the offer of admission to the He specified in my admission letter and abo to be credited toward my tuition.	•			•
signature		date	9	

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2015 DMD Program If you decline the offer of admission...

Failure to submit written acceptance of the offer of admission and the tuition deposit by the deadline stated in your admissions letter will result in your declining enrollment by default. To verify that you decline the offer of admission in the Boston University Henry M. Goldman School of Dental Medicine for Fall 2015, please complete the form below and return this page to the DMD Admissions Coordinator at the address above.

Printed Name: Last		First	Middle
AADSAS #		DENTPIN	
	understand that	t if I wish to enroll in the future, I will need	I to submit a new application
Signature	r reason for de		5
Please briefly explain you			
Please briefly explain you		enrolling in another school (which, and re	eason)
	_	enrolling in another school (which, and re other/personal (please explain)	eason)

DMD Program Deferral Requests

Accepted DMD candidates who have submitted a \$3,000 nonrefundable tuition deposit may **petition in writing** to Assistant Dean for Admissions Catherine Sarkis, at the address above, to defer admission for one academic year. Deferral beyond that time period will not be permitted and the applicant will be required to reapply. Deferred admission may be granted for one year, depending on the circumstances and the date of the deferral request. Approval for deferred admission may include a requirement for additional coursework.

In order to reconfirm the intention to enroll following an approved deferral, the accepted candidate must submit a second \$3,000 nonrefundable deposit and signed enrollment confirmation letter between November 1 and December 1 prior to matriculation. Both nonrefundable deposits will be applied to the tuition charges for the student's first semester of enrollment.

Should a candidate who has deferred choose not to enroll, he or she must inform the DMD Admissions Coordinator of the withdrawal decision via a signed and dated letter as early as possible so that an admissions offer may be made to another candidate. In the absence of the second enrollment confirmation, the candidate will forfeit the offer of deferred admission and the initial deposit.