

## 2018 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 for receipt 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.  
Write your name in the memo area on the front of the check, and note your program of admission (DMD).
- **International Students** Submit a photocopy of the information page of your passport. To comply with immigration regulations, your name in your student record must be recorded *exactly* as it appears on your passport.
- **U.S. Permanent Residents** Submit a photocopy of both sides of your 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.

✎ 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 Form <http://www.bu.edu/dental/files/pdf/DeansCert2011.pdf>

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

Refer to [www.bu.edu/isso](http://www.bu.edu/isso) and <http://www.bu.edu/dental/admissions/accepted-applicants/international/>

- International Student Data Form <http://www.bu.edu/isso/files/2014/08/Fillable-ISDF-version-12-2014.pdf>
- 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 citizen or US Permanent Resident (address cannot be a Post Office box)

\_\_\_\_\_  
USA address, if USA citizen, US Permanent Resident, or currently residing in the USA

\_\_\_\_\_  
valid until (date)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

\_\_\_\_\_  
USA Social Security Number  USA Social Security Number not assigned

Prior enrollment at Boston University  No  Yes: BU identification number \_\_\_\_\_

AADSAS # \_\_\_\_\_ DENTPIN \_\_\_\_\_ Acceptance code from offer letter \_\_\_\_\_

I accept the offer of admission to the Henry M. Goldman School of Dental Medicine DMD Program as specified in my admission letter and above, and I enclose a non-refundable deposit in the amount of \$3,000 to be credited toward my tuition.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date



**2018 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 2018, 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 _____		
I decline the offer of admission to the Boston University Henry M. Goldman School of Dental Medicine DMD Program for Fall 2018. I understand that if I wish to enroll in the future, I will need to submit a new application for the appropriate program.				
Signature _____			Date _____	
Please briefly explain your reason for declining the offer of admission:				
<input type="checkbox"/> financial				
<input type="checkbox"/> medical				
<input type="checkbox"/> other/personal (please explain below)				
<input type="checkbox"/> enrolling in another school: _____				
Brief explanation:				

**DMD Program Deferral Requests**

Accepted DMD candidates who have submitted a \$3,000 non-refundable tuition deposit may **petition in writing** to Assistant Dean for Admissions David Russell, 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 non-refundable 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 Manager 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 non-refundable deposit.