



## 2018 Postdoctoral Program Acceptance Confirmation for applicants with approved deferral of admission from 2017 to 2018

**Congratulations again on your admission into Henry M. Goldman School of Dental Medicine! Based on your approved deferral petition, we have reserved a place for you in the class entering July 2, 2018.**

To confirm your intention to enroll, please follow the steps below. **Your 2018 acceptance confirmation and deposit must be submitted to Postdoctoral Admissions by the deadline stated on your 2018 offer letter.** Failure to submit your written acceptance of the offer of enrollment for 2018 (and the 2018 tuition deposit) by the deadline will result in your declining the offer of admission by default.

To confirm your intention to enroll, please submit to these materials to Admissions:

- 1) **Completed Acceptance Confirmation** (this form)
- 2) **\$3,000 non-refundable deposit for 2018 matriculation** (check or money order payable to Boston University in U.S. dollars). The non-refundable second deposit is required to hold your place in the class entering in 2018. If your name is not printed on the check or money order, write your first and last name neatly in the memo area. Note your program of admission on the check.
- 3) **International applicants must submit a photocopy of the identification page of your passport.** International applicants must provide a copy of their passport page including photograph and name.
  - **International students must submit additional materials.** Visit the [GSDM International Students](http://www.bu.edu/dental/admissions/accepted-applicants/international/) web page at <http://www.bu.edu/dental/admissions/accepted-applicants/international/>
  - **U.S. Permanent Residents** should submit a photocopy of the front and back of their Alien Registration Receipt Card ("green card").

**Print your name exactly as it appears on your passport.**

\_\_\_\_\_  
Last name First name Middle name

\_\_\_\_\_  
Permanent address

\_\_\_\_\_  
Email Mobile phone

**Country of citizenship** \_\_\_\_\_  US Citizen  US Permanent Resident

**Sex**  Female  Male **Marital status**  Single  Married **Date of birth** \_\_\_\_\_

Boston University Identification Number U \_\_\_\_\_ acceptance code \_\_\_\_\_

I am enrolling in the following program as specified in my offer of admission:

**Specialty 1** \_\_\_\_\_ **Degree/Certificate 1** \_\_\_\_\_ **total minimum months** \_\_\_\_\_

**Specialty 2** \_\_\_\_\_ **Degree/Certificate 2** \_\_\_\_\_

**I accept the offer of admission to the Henry M. Goldman School of Dental Medicine as specified in my admission letter for 2018, and enclose a \$3,000 non-refundable tuition deposit.**

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

*Note: Students in a tuition scholarship program (OMFS residency) do not submit a tuition deposit.*

For Accepted Postdoctoral Applicants  
who deferred admission from 2017 to 2018

**If you decline the offer of admission for 2018...**

If you do not intend to enroll, contact Postdoctoral Admissions ([postadm@bu.edu](mailto:postadm@bu.edu)) and the program department to inform us of your plans. Timely sharing of this information will enable us to make an offer of admission to another candidate. Failure to submit written acceptance of the offer of enrollment and the second nonrefundable tuition deposit by the deadline will result in your declining enrollment by default.

To decline the offer of enrollment in the Boston University Henry M. Goldman School of Dental Medicine for 2018, please complete the form below and return this page to:

Postdoctoral Admissions  
Boston University Henry M. Goldman School of Dental Medicine  
100 East Newton Street, G-305  
Boston MA 02118 USA

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**To *decline* the offer of enrollment, complete and submit this form:**

I decline the offer of admission to the Boston University Henry M. Goldman School of Dental Medicine for 2018. I understand that if I wish to enroll in the Boston University Henry M. Goldman School of Dental Medicine in the future, I will need to submit a new application for the appropriate program.

Name \_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
signature date

Please briefly explain your reason for declining the offer of admission:

- financial                       enrolling in another program (which and why?)  
 family/personal               other (please explain)