Boston University Henry M. Goldman School of Dental Medicine

Dean's Certification

The certification of a dean or administrative officer in charge of students at the degree-granting undergraduate college or university is required for students accepted to the four-year DMD program at Boston University Henry M. Goldman School of Dental Medicine. It is understood that in many cases the dean will not know the applicant personally and will base his or her recommendation on information in school records.

Accepted four-year DMD students should print the Dean's Certification form (pdf), **complete the top portion, and then submit the form to the dean** or administrative officer in charge of students at the degree-granting undergraduate college or university.

The completed Dean's Certification must be sent directly from the degree-granting undergraduate college or university to the Boston University Henry M. Goldman School of Dental Medicine Office of Admissions in an envelope that has been sealed and signed across the seal.

The dean or administrative officer in charge of students should send the certification (in an envelope that has been sealed and signed across the seal) to:

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

The issues of a disciplinary record (or absence of one) must be directly and explicitly addressed in writing. If it is not the policy of the institution to report on disciplinary action, a statement to that effect will be sufficient.

Completed dean's certification forms should be submitted to the Boston University Henry M. Goldman School of Dental Medicine Office of Admissions by June 1st, and preferably within 30 days of the student's acceptance.

Boston University Henry M. Goldman School of Dental Medicine

Dean's Certification

To the accepted DMD applicant: Please complete the top section of this form and then deliver the form to the current dean or administrative officer in charge of students at your degree-granting undergraduate institution. The dean should send this form directly to the Boston University Henry M. Goldman School of Dental Medicine Office of Admissions in an envelope that has been sealed and signed across the seal. The form should be submitted to Boston University Henry M. Goldman School of Dental Medicine by June 1st, and preferably within 30 days of acceptance.

Accepted DMD applicant: Complete this section of this form.

Name of applicant _____
LAST FIRST MIDDLE

AADSAS # _____ Undergraduate ID# _____

Undergraduate Institution _____

Dates of attendance _____ Degree _____ ☐awarded ☐expected in 20_____ Major _____

This certification will become part of your admissions file. It will not be disclosed to any unauthorized individual without your consent. If you matriculate at Boston University, you will be accorded access to its contents unless you voluntarily waive your right of access. Please check one of the boxes and sign the statement below.

I have read the information above and I hereby ☐waive ☐do not waive my right of access to this document should I matriculate at Boston University.

Signature_____ **Date** _____

To the accepted DMD applicant: *After signing above, submit the form to your undergraduate dean for completion.*

Undergraduate Dean: Please complete and mail the form to Boston University School of Dental Medicine

Memorandum to Deans: Under the 1974 Family Educational Rights and Privacy Act, the applicant named above will have access to this certification unless he or she has waived that right.

Personal knowledge of the applicant is not necessary. If the space provided is insufficient, please continue your answers on the reverse side of this form or attach your own letterhead.

Questions 1 and 2 must be answered.

1. Do you have access to the applicant's college file? ☐ Yes ☐ No
If you do not have access to the applicant's college file, please return this form to the applicant.

2. Has the applicant ever been subject to disciplinary action or proceedings for academic or personal misconduct, or subject to any action for academic insufficiency, at any college or university?
The issue of a disciplinary record (or absence of one) must be directly and explicitly addressed in writing.

☐ Yes ☐ No If yes, please explain.

3. Please provide any other pertinent information in the files of the college, including, if possible, class standing. If you are acquainted with the applicant and wish to add your evaluation of his or her ability, character or motivation for the study of dental medicine, please do so.

Class Standing: _____

Signature _____ **Date** _____ **Name** (printed) _____

Title or position _____ **Institution**_____

Telephone _____ **Email** _____

Thank you for your assistance.
Please send the completed certification (in an envelope that has been sealed and signed across the seal) to:

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