



Dean's Certification for Entering DMD Students

To the accepted DMD applicant:

Print the form, complete sections A and B and submit the form to the current dean or administrative officer in charge of students at your degree-granting undergraduate institution. The completed dean's certification should be mailed to Boston University Henry M. Goldman School of Dental Medicine Admissions (address above) in a sealed envelope with an ink stamp or signature across the seal, for receipt by Admissions on or before June 1, and preferably within 30 days of acceptance.

A. Name _____ Phone _____
Last name First name Middle name

Undergrad ID _____ AADSAS ID _____ Email _____

Undergraduate Institution _____

Dates of attendance _____ to _____ Major _____

Year of Graduation _____ Degree _____ Degree awarded Degree expected

B. This certification will become part of your GSDM 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 **wave** **do not wave**
my right of access to this document should I matriculate at Boston University.

Signature _____ Date _____

Memorandum to Deans:

Under the 1974 Family Educational Rights and Privacy Act, the student named above will have access to this completed 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 below must be answered. ***The issue of a disciplinary record (or absence of one) must be directly and explicitly addressed in writing.***

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 student 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? If yes, please explain.

Yes **No**

3. Please provide any other pertinent information, including class standing, if possible. If you are acquainted with the student 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 _____

Printed Name _____ Title _____

Institution _____ Email _____