BIOMEDICAL SCIENCES PRE-DENTAL POST-BACCALAUREATE PROGRAM (BMPD)

Name and Contact Information

Name: _____ _____ _____
First *Middle* *Last*

Preferred Name: _____

Permanent Address: _____
Street

_____
City *State* *Zip Code*

Preferred Phone _____
(xxx-xxx-xxxx)

Email Address: _____

Birthdate: _____ _____ _____

What is your gender?

- ☐ Female
- ☐ Male
- ☐ Non-binary/third gender
- ☐ Prefer to self-describe: _____
- ☐ Prefer not to say

Our institution does not discriminate on the basis of gender identity or expression. In order to track the effectiveness of our recruiting efforts and ensure we consider the needs of all our applicants, please consider selecting the description that suites you best. This is optional.

Academic Audit

Note: You should verify that you have all of the pre-requisite classes for the dental schools that you will apply to.

Submit Your Personal Statement (email to BMPD@marquette.edu) with the Application: This can be the same statement submitted with your previous AADSAS application.
Once we have received your application, you will be sent a link to submit your $40 application fee.

Personal Information

Are you a US citizen?

☐ Yes ☐ No

Have you served in the Armed Forces?

☐ Yes ☐ No

Colleges and universities are asked by groups, including the federal government, accrediting associations, college guides, and newspapers, to describe the ethnic/racial backgrounds of their students and employees. In order to respond to these requests, we ask you to answer the following two questions (optional).

Do you consider yourself to be of Hispanic/Latino origin?

☐ Yes ☐ No

Regardless of your answer to the prior question, please check *one or more* of the following groups in which you consider yourself to be a member (optional).

☐ Asian

☐ Black or African American

☐ Native American or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

☐ White

Parent/Guardian

First Parent or Guardian

Relationship _____

Parent's Name _____

Occupation: _____

Education (highest degree): _____

Second Parent or Guardian

Relationship: _____

Parent's Name: _____

Occupation: _____

Education (highest degree): _____

Educational Information: Please list all colleges and universities (including Marquette University) that you have attended

School 1

Name: _____

State: _____

Date Attended From:

Date Attended To:

Number of Credits Earned:

Degree Received, if any:

School 2

Name: _____

State: _____

Date Attended From:

Date Attended To:

Number of Credits Earned:

Degree Received, if any:

School 3

Name: _____

State: _____

Date Attended From:

Date Attended To:

Number of Credits Earned:

Degree Received, if any:

Honor Pledge and Signature, Application Fee

All students at Marquette will be expected to take the university's Honor Pledge and follow the Honor Code. Upon entering Marquette you will be asked to abide by the Honor Code throughout your enrollment.

Honor Pledge

I recognize the importance of personal integrity in all aspects of life and work. I commit myself to truthfulness, honor and responsibility, by which I earn the respect of others. I support the development of good character and commit myself to uphold the highest standards of academic integrity as an important aspect of personal integrity. My commitment obliges me to conduct myself according to the Marquette University Honor Code.

By signing this application, you acknowledge that all work submitted is your own.

In place of your signature, please type your full legal name.

Background Information

Describe any activities requiring manual dexterity (e.g. activities requiring hand-eye coordination such as cross-stitching, sewing, art, crafts, playing musical instruments, auto repair, etc.) at which you are proficient.

Do you have any relatives who are dentists, are in dental school, or who have studies or are studying Dental Hygiene, Dental Assisting, Dental Laboratory Technology, or related dental fields?

☐ Yes ☐ No

If yes, indicate name, relationship, dental degree or certificate.

Have you ever applied to dental school (including Marquette University School of Dentistry)?

☐ Yes ☐ No

If yes, include the name of school to which you applied to and the year(s) of application. If accepted/enrolled, indicate dates of enrollment.

Have you ever been disciplined by any college, university, or professional school for: 1) unacceptable academic performance (academic probation, suspension, dismissal, ect.) or 2) conduct violations?

☐ Yes ☐ No

If you answered yes to this question, you must provide an explanation. Include: 1) a brief description of the incident, 2) the specific charge(s) made, 3) related dates, 4) consequences and, 5) a reflection on the incident(s) and how the incident(s) impacted your life.

Are you currently under charge or have been convicted of felony?

☐ Yes ☐ No

If yes, enter an explanation in this box. Include 1) a brief description of the incident and/or arrest, 2) specific charge made, 3) related dates, 4) consequences and 5) a reflection on the incident and how the incident has impacted your life.

Are you currently under charge or have been convicted of a misdemeanor?

☐ Yes ☐ No

If yes, enter an explanation in this box. Include 1) a brief description of the incident and/or arrest, 2) specific charge made, 3) related dates, 4) consequences and 5) a reflection on the incident and how the incident has impacted your life.

Dental students interact with patients from many backgrounds. Other than English, indicate any language in which you feel comfortable conversing with native speakers:

Additional Language 1:

Additional Language 2:

Awards, Honors, Presentations, Publications, and Scholarships

Name: _____ Dates: _____

Organization:

Name: _____ Dates: _____

Organization: _____

Name: _____ Dates: _____

Organization:

Name: _____ Dates: _____

Organization:

Name: _____ Dates: _____

Organization: _____

Dentistry/Shadowing Experience

Supervisor: _____ Total Hours: _____

Type of Dentistry: _____ Dates: _____

Positions Type:

Brief Description:

Supervisor: _____ Total Hours: _____

Type of Dentistry: _____ Dates: _____

Positions Type: _____

Brief Description:

Supervisor: _____ Total Hours: _____

Type of Dentistry: _____ Dates: _____

Positions Type:

Brief Description:

Supervisor: _____ Total Hours: _____

Type of Dentistry: _____ Dates: _____

Positions Type:

Brief Description:

Supervisor: _____ Total Hours: _____

Type of Dentistry: _____ Dates: _____

Positions Type:

Brief Description:

Supervisor: _____ Total Hours: _____

Type of Dentistry: _____ Dates: _____

Positions Type:

Brief Description:

Supervisor: _____ Total Hours: _____

Type of Dentistry: _____ Dates: _____

Positions Type:

Brief Description:

Extracurricular/Volunteer/Community Service

Organization: _____ Total Hours: _____

Position Title: _____ Average Weekly Hours: _____

Dates: _____

Brief Description:

Organization: _____ Total Hours: _____

Position Title: _____ Average Weekly Hours: _____

Dates:

Brief Description:

Organization: _____ Total Hours: _____

Position Title: _____ Average Weekly Hours: _____

Dates: _____

Brief Description:

Organization: _____ Total Hours: _____

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Position Title: _____ Average Weekly Hours: _____

Dates:

Brief Description:

Organization: _____ Total Hours: _____

Position Title: _____ Average Weekly Hours: _____

Dates:

Brief Description:

Organization: _____ Total Hours: _____

Position Title: _____ Average Weekly Hours: _____

Dates:

Brief Description:

Employment

Employer: _____ Total Hours: _____

Position Title: _____ Dates: _____

City, State: _____

Brief Description:

Employer: _____ Total Hours: _____

Position Title: _____ Dates: _____

City, State: _____

Brief Description:

Employer: _____ Total Hours: _____

Position Title: _____ Dates: _____

City, State: _____

Brief Description:

Employer: _____ Total Hours: _____

Position Title: _____ Dates: _____

City, State: _____

Brief Description:

Employer: _____ Total Hours: _____

Position Title: _____ Dates: _____

City, State: _____

Brief Description:

Research Experience

Investigator: _____ Total Hours: _____

Project Location: _____ Dates: _____

Position Title: _____

Brief Description:

Investigator: _____ Total Hours: _____

Project Location: _____ Dates: _____

Position Title: _____

Brief Description:

Investigator: _____ Total Hours: _____

Project Location: _____ Dates: _____

Position Title: _____

Brief Description:

Investigator: _____ Total Hours: _____

Project Location: _____ Dates: _____

Position Title: _____

Brief Description:

Disadvantaged Student Section

Do you believe you may qualify as a disadvantaged applicant (social, economic, or educational)?

☐ Yes ☐ No

Reasons may include, but are not limited to:

- ☐ First generation to attend college
- ☐ Graduated from high school with low graduating number
- ☐ Graduated from high school with high percentage of free/reduced lunches
- ☐ I/family receive public assistance (e.g Families with Dependent Children, food stamps, Medicaid, public housing)
- ☐ Family lives in area designated as a health profession shortage area or medically underserved
- ☐ From high school where 50% or less of graduates go to college
- ☐ From high school where college education is not encouraged
- ☐ English not primary language
- ☐ Participated in an academic enrichment progran funded in whole or in part by the Health Careers Opportunity
- ☐ Program High school dropout who received AHS diploma or GED
- ☐ Diagnosed with a physical/mental impairment that limits participation in educational opportunities offered by a college
- ☐ Accepted to the health professions program after academic reassessment at the completion of remedial courses
- ☐ Come from an economically disadvantaged background

Please provide a description of the area(s) where you spent the majority of your life from birth to age 18, including the city, state, and country.

Did you grow up in a single parent household?

☐ Yes ☐ No

If yes, please describe in the box below

Number of siblings:

Provide any information about your background that can help clarify your disadvantaged student status.

Submit Application