



PRE-HEALTH ADVISING APPLICATION

DENTAL

ENTERING CLASS 2023

This is for dental students applying in the Summer of 2022 and entering dental programs in the fall of 2023.

PLEASE PRINT CLEARLY!!

Please include your name on all pages!

DEADLINE: MONDAY, JANUARY 31, 2021

Along with this application, please submit:

- ✓ A PHOTO (jpeg)*
This photo is for internal use and not sent to dental schools.
- ✓ CURRENT COPY OF YOUR UNOFFICIAL YU TRANSCRIPT (FROM BANNER, NOT MY YU)

Navigating InsideTrack and Banner Self-Service: ·

* Go to

<http://insidetrack.yu.edu<https://nam02.safelinks.protection.outlook.com/?url=http%3A%2F%2Finsidetrack.yu.edu%2F&data=04%7C01%7Cbeaudrea%40yu.edu%7C4d3d13d2e26e482a0d7d08d91635cd62%7C04c70eb48f2648079934e02e89266ad0%7C1%7C0%7C637565242611921096%7CUnknown%7CTWFpbGZsb3d8eyJWljojMC4wLjAwMDAiLCIjoiV2luMzIiLCBtI6lk1haWwiLCIXVCI6Mn0%3D%7C1000&sdata=31SY%2BsDn7Gbkee5EIMIYrk7nvghBIMTZCvKaOVb9Lcs%3D&reserved=0><http://insidetrack.yu.edu/<https://nam02.safelinks.protection.outlook.com/?url=http%3A%2F%2Finsidetrack.yu.edu%2F&data=04%7C01%7Cbeaudrea%40yu.edu%7C4d3d13d2e26e482a0d7d08d91635cd62%7C04c70eb48f2648079934e02e89266ad0%7C1%7C0%7C637565242611931094%7CUnknown%7CTWFpbGZsb3d8eyJWljojMC4wLjAwMDAiLCIjoiV2luMzIiLCBtI6lk1haWwiLCIXVCI6Mn0%3D%7C1000&sdata=t6q0dmzOT39ptLj5jbx86k5zmZlpnmHjDLnAl1wzU6g%3D&reserved=0>>>

* Log in using YUAD credentials

* Navigate to the Students menu on the left side of the page

* Select your level of study: Undergraduate, Graduate, or Cardozo

* Select Banner Self-Service

* In Banner Self-Service:

Select Student and Financial Aid

Select Student Records

Select Request Emailed Transcript

NAME: _____

APPLICANT DATA

FIRST NAME: _____

LAST NAME: _____

NICKNAME: _____

YU ID #: _____

EMAIL Address*: _____

*This is the email address you use most frequently. It does NOT have to be your YU email account.

CELL PHONE: _____

APPLICANT STATUS

Please CHECK all that apply.

___ First-Time Applicant

___ Repeat Applicant

___ Delayed for a Year*

*If delayed, explain:

PERSONAL BACKGROUND—REQUIRED

Parents: Please provide their country of origin, education levels and current occupations (grandparents also if they were a significant part of your life growing up)

FATHER:

NAME: _____

PROFESSION: _____

EDUCATION LEVEL: _____

(ie., high school, some college, college graduate, advanced degree)

MOTHER:

NAME: _____

PROFESSION: _____

EDUCATION LEVEL: _____

(ie., high school, some college, college graduate, advanced degree)

SIBLINGS:

Please give ages and careers and where you fall (oldest, youngest, etc.)

MARITAL STATUS: _____

(single, married, engaged)

SELF IDENTIFICATION

Which do you consider yourself:

_____ White _____ Hispanic _____ Other (Explain: _____)

LANGUAGE PROFICIENCY:

Let us know if you grew up speaking a language other than English, or have studied other languages, and the extent of your language ability in other languages (e.g., fluent, proficient, basic).

LANGUAGE: _____

LEVEL (CIRCLE): **Fluent** **Conversational** **Basic**

LEGAL RESIDENCE

Which state do you claim legal residence? This is an important consideration when choosing state programs who have restrictive guidelines for out-of-state applicants.

If you have any concerns, please discuss this with the Pre-Health Advisor BEFORE you submit your application.

STATE: _____

INSTITUTIONAL ACTION:

Were you ever the recipient of any institutional action (e.g., probation, suspension, dismissal) by any college or dental school for unacceptable academic performance or conduct violation, even though such action may not have interrupted your enrollment or required you to withdraw?

Yes No

Do you have a criminal record of any kind?

Yes No

ACADEMIC BACKGROUND—REQUIRED

You must attach a CURRENT UNOFFICIAL transcript for each undergraduate or graduate institution in which you enrolled and completed coursework.

UNDERGRADUATE EDUCATION:

Please indicate information regarding your undergraduate education:

School: _____ YC _____ SYMS

MAJOR AND CURRENT GPA (do not estimate—use the GPA calculator)

Major: _____ and Dual Major (if applicable): _____

Minor: (if applicable): _____

Overall GPA: _____
Science (BCPM) GPA: _____

BCPM calculator located at <http://www.nyu.edu/cas/prehealth/calculator.html>

Date Rec'd/Expected Graduation: _____

If you feel that there were extenuating circumstances (e.g., illness, personal situations) that negatively affected your academic performance, please describe them here. We will not include this information in your committee letter without prior discussion with you, but this information will help us contextualize your metrics:

GRADUATE EDUCATION (IF APPLICABLE)

Regardless of where you attended or are currently attending an institution for your graduate degree or post-baccalaureate program, please complete the information below:

Degree/Certificate: _____ Date Rec'd/Expected: _____

Major: (EXPLAIN IN DETAIL): _____

Why this major?

Are you currently attending or did you attend a graduate degree or post-baccalaureate program following your undergraduate education? YES/NO

If you attended or are currently attending a graduate degree or post-baccalaureate program, please indicate the name of that institution below:

Graduate/Post-Baccalaureate Institution:

Test Date Taken Scores

SAT/ACT _____

DAT Academic Science Average: _____

DAT Individual Section Scores:

- ___ QUANT
- ___ PAT
- ___ READING
- ___ ORGO
- ___ CHEM
- ___ BIO

Are you scheduled to take an DAT in the coming months? YES/NO

If yes, in what month are you planning? _____

ESSAYS-REQUIRED

As part of this application you are required to write several brief essays on various topics, including your background and experiences. This is the same information required on the online applications (AADSAS), so focusing on these issues NOW alleviates work you will have to do when the applications open in the spring.

Before you attempt these essays, you should compile a professional resume and review it with the Career Center. They are very good at elaborating on experiences—or aspects thereof—you might not realize are important.

ESSAY #1: CANDIDATE INTRODUCTION

Please compose two brief essays for these questions. They should be no more than 5,000 characters (about a page single spaced.)

Please attach a brief overview of the formative experiences in shaping who you are today as well as influences that impacted your decision to pursue a career in healthcare.

Be sure to include (a) where you were born and raised, (b) your parents' or guardians' backgrounds and influences, (c) siblings, (d) experiences leading up to college that shaped your values, aspirations, and motivations concerning your future. Repeat applicants do not need to complete this section.

ESSAY #2: MOTIVATIONS AND INSPIRATIONS

Please attach a second essay which answers this question, “Why am I **ready** to become a dentist?” “Why do you think you would be happy taking care of people?”

ESSAY #3: ACADEMIC ACCOMPLISHMENTS

This essay should be no more than 5,000 characters. (About 1 page single-spaced)

Please provide a general summary of your academic accomplishments and intellectual pursuits. This may include why you selected a particular major, your experience in a class or set of classes, how you diversified and pursued varied academic interests, and/or a statement to summarize your academic experience at YU. Include any scholarships and other academic awards you have received while in college.

ESSAY #4: CO-VID 19:

Please answer the following questions in full sentences (but doesn't have to be long):

How did Co-V-19 affect you personally? Discuss family life, who had the disease in your immediate family, how long you and your family were affected and in which ways were you all affected (health, job loss, living in close quarters, etc)
What did you do during the pandemic to help others? You should discuss any volunteering you did outside the home (EX: Crisis Text Line, Schleppers, EMT work, etc.).

If you did nothing outside of what you did with your own family during this time, please explain **thoroughly**.

NARRATIVES (2-3 SENTENCES EACH)

- ✓ Awards, Honors, and Scholarships (limit 5)
- ✓ Dentistry/Shadowing Experience (limit 10)
- ✓ Extracurricular/Volunteer/Community Service (limit 10)
- ✓ Research Experience (limit 5)
- ✓ Work Experience (including Military Service) (limit 5)

DENTISTRY/SHADOWING EXPERIENCE (LIMIT 10)

Write a brief narrative for each patient-related experience since high school. Be sure to include specific start/end dates, supervisor name and contact information.

EXTRACURRICULAR/VOLUNTEER/COMMUNITY SERVICE (LIMIT 10)

(List all experiences post high school)

Experience Name: _____

Dates: _____

Organization Name: _____

Average Hours Per Week _____

Contact Name and Title: _____ City/State/Country _____

SAMPLE: My fellow volunteers and I build relationships with inmates to support their rehabilitation through academic support and positive encouragement. I tutor inmates at the Baltimore City Women's Detention Center as they work toward their GEDs.

RESEARCH EXPERIENCE (LIMIT 5 ENTRIES)

Though research is not required for dental students, it is a plus. Please describe any research you have conducted inside or outside of YU.

Experience Name: _____

Dates (from): _____

BRIEFLY DESCRIBE RESEARCH, INCLUDING EXPECTED RESULTS AND WHETHER THEY WERE MET OR NOT.

SAMPLE: I conducted field research to understand the risk of pesticide exposure among children in agricultural communities in northern Chile. I developed and administered a survey to mothers during their children's checkups at three rural health posts.

AWARDS, HONORS, AND SCHOLARSHIPS (LIMIT 5 ENTRIES)

Experience Name: _____

Dates (from): _____

WORK EXPERIENCE (INCLUDING MILITARY SERVICE) (LIMIT 5)

Experience Name: _____

Dates (from): _____

ADDITIONAL INFORMATION:

Please use the space below to share information about your experiences not touched upon above. Completing this section will help you with secondary application questions! (please limit each response to ½ page)

- ✓ Challenges you have faced—personally or academically
- ✓ How will you bring diversity to your dental school class?
- ✓ Explain poor grades (if applicable)
- ✓ Provide information about gap year plans (if you have definite plans) (if applicable)
- ✓ Explain why you took the DAT more than once (if applicable)
- ✓ Time off from school (your year(s) in Israel or other semester off)

MATRICULATION INFORMATION

Each year departments within YU will ask for graduate school matriculation information for their records. By signing below, you give the Pre-Health Department permission to release this information to other offices, such as Communications and the Alumni Association. These offices may wish to use your name and the medical/dental school you are attending for publicity purposes—ad campaigns, etc.

_____ I HEREBY ALLOW the YU Pre-health Department to provide my matriculation information to other YU departments without my express consent.

_____ I DO NOT ALLOW the YU Pre-health Department to provide my matriculation information to other YU departments without my express consent.

PLEASE INITIAL HERE: _____

VI. VERIFICATION OF COMMITTEE LETTER ELIGIBILITY

Please acknowledge that you meet the HPA eligibility criteria for a committee letter by verifying that each of the following statements is true:

- I have taken at least half of the premedical prerequisite science courses.
- I will secure at least **one** letter of recommendation from someone who has taught me in a science course at YU.
- I have not been accepted to a dental school via the regular application process in the past.
- I will participate in a pre-application interview.
- I will adhere to deadlines for pre-application materials, interview scheduling, and application submission.

Updated: 11/11/21