SUPPLEMENTAL APPLICATION
2020 DDS PROGRAM

NOTE: The completed DDS Supplemental Application and Application fee must be received by the deadline of June 30, 2020 12pm (PST)

The following two (2) checklisted items are required to complete your supplemental application:

☐ COMPLETED SUPPLEMENTAL APPLICATION FORM
Submit a fully completed supplemental application form (this page included) signed and dated by the individual applying to the program.

☐ APPLICATION FEE
A nonrefundable application fee of $100 US dollars must be submitted with the supplemental application. A cashier’s check or money order for the application fee made be payable to “Board of Regents”.

The selected candidate, must be ready to immediately submit the following upon notice of invitation In order to secure their seat for interview:

- **OFFICIAL COPY OF FOREIGN DENTAL DEGREE (DIPLOMA)**
  An official copy of dental degree (diploma) from the applicant’s dental school or equivalent institution must be mailed to UNLV School of Dental Medicine Admissions Office DDS sub-Committee either by the applicants’ dental school, or the applicant in the original unopened dental school sealed envelope. If the transcripts are in a language other than English, they must be accompanied by a U.S. certified English translation. Notarized copies are not accepted.

- **OFFICIAL COPY OF FOREIGN DENTAL SCHOOL TRANSCRIPT**
  An official copy of dental degree transcript (translated into English) from the applicant’s dental school or equivalent institution must be mailed to UNLV School of Dental Medicine Admissions Office DDS sub-Committee either by the applicants’ dental school, or the applicant in the original unopened dental school sealed envelope. If the transcripts are in a language other than English, they must be accompanied by a U.S. certified English translation. Notarized copies are not accepted.

- **TECHNICAL SKILLS PRACTICE & TEST FEE**
  A nonrefundable dental dexterity practice and test fee of $450 (fee subject to change) is required for candidates invited for this phase of the DDS admissions process. This fee is not applied toward tuition or any other fees.

Mail your Completed Supplemental Application to:
UNIVERSITY OF NEVADA LAS VEGAS
School of Dental Medicine
DDS Program Office
Shadow Lane Campus
1001 Shadow Lane MS 7427
Las Vegas NV 89106 4124
SUPPLEMENTAL APPLICATION FORM FOR DDS ADMISSION

CAAPID ID: __________________

Name ___________________________________________ ___________ ___________

Last First Middle

Name you prefer, nickname or alias

________________________________________

Date of Birth ____________ Male □ Female □ Country of Citizenship _____________________

Type of VISA ___________________________ Expiration date ___________________________

Mailing Address _________________________________________________________________

Number Street Apt. City State ZIP

Dates at this Address ___________________________

From ___________________________ Until ___________________________

Permanent Address ______________________________________________________________

Number Street Apt. City State ZIP

E-mail Address _________________________________________________________________

Day Telephone (___) ______________ Evening Telephone (___) ______________ FAX # (___) ___________

I certify that the information provided in this application is complete and correct. I understand that if subsequent evidence demonstrating the information I have provided is not complete and correct, it may result in revocation of admission, dismissal from the School or revocation of degree. I understand that I am responsible for being familiar with and adhering to all academic regulations.

Signature of Applicant ___________________________ Date ___________________________

Disclosure

The applicant is responsible for making sure their applications are completed and received. Only completed applications will be reviewed by the UNLV SDM Admissions DDS-Sub Committee for interview decisions.

The University of Nevada, Las Vegas School of Dental Medicine (SDM) does not, expressly or implicitly, guarantee a license to practice dentistry upon admission to or graduation from SDM. Licensure is the exclusive right and responsibility of the State Boards of Dentistry in each state. Students must satisfy the requirements of each state’s regulatory body independently of any college or school requirement for graduation.

UNLV does not discriminate in its employment practices or in its educational programs or activities, including admissions, on the basis of sex/gender pursuant to Title IX, or on the basis of any other legally protected category as is set forth in NSHE Handbook Title 4, Chapter 8, Section 13. Reports of discriminatory misconduct, questions regarding Title IX, and/or concerns about noncompliance with Title IX or any other anti-discrimination laws or policies should be directed to UNLV’s Title IX Coordinator Michelle Sposito. The Title IX Coordinator can be reached through the online reporting form, by email at titleixcoordinator@unlv.edu, by phone at (702) 895-4055, by mail at 4505 S. Maryland Parkway, Box 451062, Las Vegas, NV, 89154-1062, or in person at Frank and Estella Beam Hall (BEH), Room 555.

The tuition of University of Nevada, Las Vegas School of Dental Medicine (SDM) DDS program for International trained dentist is one fee rate for both instate and outstate students.