

Applicant Questionnaire

Please answer all the questions listed below. The responses must be concise, typed on plain paper, and listed in the order shown.

- 1) Please explain why you selected dentistry as a profession.
- 2) If you were employed **while obtaining your dental degree**, how many hours a week did you work, and what was the nature of your employment?
- 3) Please describe your experience in dentistry.
- 4) Have you ever received any awards for outstanding academic/scholarly achievements, athletic/musical talent, or community service? Please list and explain.
- 5) Please list any publications for which you were an author and research projects in which you participated.
- 6) Are you proficient (written or conversational) in language(s) other than English? Please list them.
- 7) If you observed a classmate cheating, what if any action would you take and why?
- 8) After receiving your DDS, how and where do you envision your skills being employed?
- 9) Please state briefly why you should be selected for admission to the UCSF IDP over other applicants with similar qualifications.

The Applicant Questionnaire and all Supplemental Documents must be sent to the following address:

UCSF School of Dentistry
IDP Office of Admissions
707 Parnassus Avenue, D-4010
San Francisco, CA 94143-0636