

UNIVERSITY OF NEBRASKA MEDICAL CENTER
COLLEGE OF DENTISTRY

Application for Admission with Advanced Standing

Name		
Current Address		
Permanent Address		
Email Address		
Telephone Number ()		
Birth Date		
Place of Birth		
Gender Male Female		
List in chronological order ALL colleges and professional schools attended.		
Name & Location	Dates Attended	Degree
1.		
2.		
3.		
4.		
Record of significant employment (including present position)		
Employer	Nature of Position	Dates Held
1.		
2.		
3.		
4.		
<i>Answer only if you are NOT a United States Citizen</i>		
Country of Citizenship		
Visa Type		
Visa #		
Do you claim to be a resident of Nebraska - (Circle one) No Yes		
If yes, please give date you begin living in Nebraska		
Signature	Date	

A 50.00 application fee must be submitted in order for this application to be processed. Check or money order should be made out to the University of Nebraska Medical Center.