

**University of Nebraska Medical Center
Postgraduate Studies in Dentistry
Class Rank/GPA**

Applicants for Postgraduate Dental Programs need to submit this form to the Office of the Dean from the Dental College from which they graduated or plan to graduate.

Applicant's Name _____

Program _____
Rank in Class Number in Class

Freshman Year _____

Sophomore Year _____

Junior Year _____

Senior Year _____

(Accumulative)
4-Year Average _____

Accumulative GPA _____

Signature _____
Dean, Dental School

This form should be returned to:

**Postgraduate Admissions
UNMC College of Dentistry
40th & Holdrege
BOX 830740
Lincoln NE 68583-0740**