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

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 applying to  _________________________________________________

<table>
<thead>
<tr>
<th>Year</th>
<th>GPA</th>
<th>Class Rank</th>
<th>Class Size</th>
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<tbody>
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<td>First year</td>
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<td>Second year</td>
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<td>Fourth year</td>
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Cumulative GPA  _____________________
Cumulative Class Rank  _____________________

Signature  ________________________________________________________
Dean, Dental School        Date

This form should be returned to:

Postgraduate Admissions
UNMC College of Dentistry
4000 East Campus Loop South
Box 830740
Lincoln, NE   68583-0740