



**Statement of Confirmation
International Dentist Program
Incoming Class 2017**

Please Print

Name

Date of Birth

I. Minimum Standards for Admissions and Matriculation

I have read and understand the Minimum Standards for Admissions and Matriculation provided for my review and confirm that I am able to meet all standards with or without reasonable accommodation.

Your Signature

Date

II. International Dentist Program Requirements

I have read and understand the International Dentist Program Requirements, and I understand that I must attend all orientation activities and complete all online preparatory coursework and all courses in the Continuing Education Summer Program, third year, and fourth year of the DDS program in order to receive a DDS degree.

I understand that progression into the DDS program is contingent upon successful completion of the Continuing Education Summer Program. I recognize that if I do not demonstrate competency in the Continuing Education Summer Program I will be required to complete a two-week remediation program under the guidance of a tutor provided by the School. I understand that if I do not demonstrate competency after the remediation program, I may be allowed to enter the second year of the DDS program, which will result in an additional year of study, or I may be dismissed from the School of Dental Medicine.

Your Signature

Date

III. Background Check

I am aware that my offer of acceptance and admission are conditional pending completion, at my own expense, of an acceptable Background Check from a vendor approved by the UB School of Dental Medicine.

I recognize that my admission offer may be rescinded if I refuse to submit to the Background Check or because of adverse information contained in my Background Check.

Your Signature

Date

IV. Criminal Record / Academic Charges

Have you been convicted of a felony or misdemeanor, excluding parking violations?

☐

Yes

☐

No

Are there any criminal charges pending or expected to be brought against you?

☐

Yes

☐

No

Have you been subject to disciplinary action for academic or other reasons in any of the colleges, universities, graduate or professional schools you have attended?

☐

Yes

☐

No

Are there any disciplinary charges pending or expected to be brought against you?

☐

Yes

☐

No

Your Signature

*Date***If you responded "Yes" to any of the Criminal Record / Academic Charges questions:**

Please write a letter to Dr. David Brown, Director of Student Admissions, describing in detail the incident(s), sanction(s), and resolution(s).

Please provide a letter from the Dean of Students or corresponding academic officer at your school describing in detail the incident(s), sanction(s) and the resolution of all charges against you. The letter should also verify that you have not been involved in any disciplinary action other than that already reported. Finally, the letter must certify your good ethical and moral standing at this time.

V. Expenses

I have reviewed the Estimated Student Expense sheet and understand the financial obligations of a dental education at the University at Buffalo School of Dental Medicine. I am aware that tuition and other costs may increase. I am aware that I will be required to make a purchase of dental supplies at the beginning of the Continuing Education Summer Program and at the beginning of the Fall Semester of each year of the program, as well as the purchase of loupes and a computer. I am aware that I will be required to make these purchases before I will be able to participate in didactic, preclinical and clinical courses. I am aware that I will be required to provide payment in total or make financial arrangements with the supplier at this time.

Your Signature

Date

Please circle the method you will use to remit the non-refundable Continuing Education Summer Program Deposit:

Electronic Payment**Cashier or Bank Check/Money Order****Wire Transfer**

VI. Textbooks

I understand that I may be required to purchase required textbooks while I am enrolled in the DDS program. I also understand that I will be required to obtain a notebook computer and must advise the School during training sessions prior to the start of the academic year if I recognize that I need more training. If the notebook computer I purchase becomes severely compromised and cannot be used (stolen, lost, or repairs not covered by the warranty) I understand that I may replace it with the same or newer computer model as advised by the Office of Information Resources (OIR).

Your Signature

*Date***VII. Clinical Licensing Examination**

I understand that there is no guarantee that a clinical licensing examination will be offered at the School of Dental Medicine each year.

Your Signature

*Date***VIII. Commencement of the 2017 International Dentist Program**

I understand that I am required to be present to begin the Continuing Education Summer Program in Buffalo in late **May 2017** (*specific date to be determined*).

Your Signature

*Date***IX. School of Dental Medicine Honor System**

I have read and understand the information provided in the Minimum Standards of Matriculation document regarding the School of Dental Medicine Honor System.

Your Signature

Date

Please complete all signatures on this document and return, together with your \$5,000 Continuing Education Summer Program deposit, by the deadline date on your acceptance, to:

**Ms. Kristin Yager
IDP Admissions Coordinator
School of Dental Medicine
University at Buffalo
315 Squire Hall
Buffalo, NY 14214**