



SFSU/UCSF/Pacific 2008-2009 Dental Reapplicant Program

Introduction

Mission

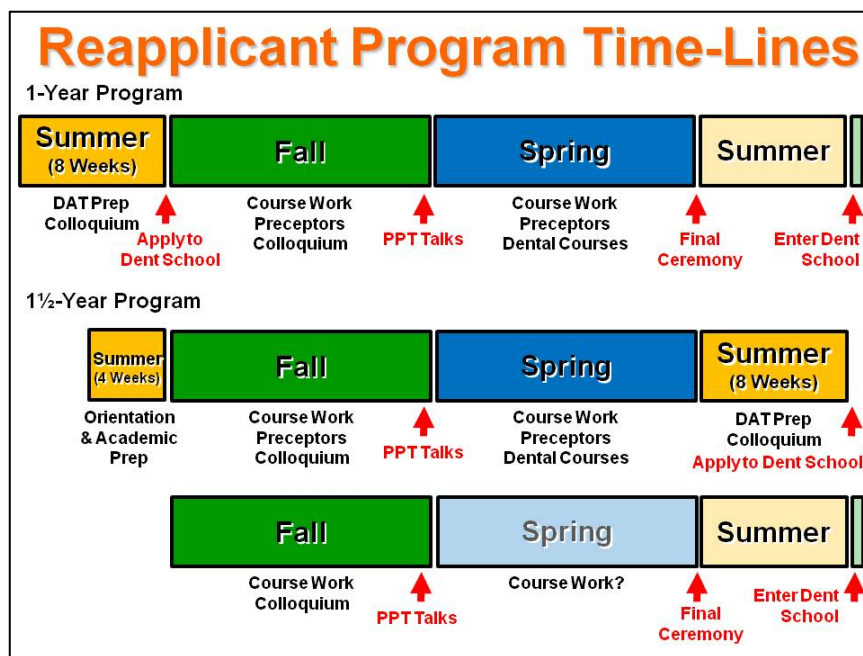
The SFSU/UCSF/Pacific Dental Reapplicant Program is designed to provide academic support and caring guidance for 12 economically and/or educationally disadvantaged* participants that show promise in gaining entry to US dental schools. An [Adjunct Program](#), located at SFSU, has been designed for 10 participants who are first-time applicants (disadvantaged or not) or non-disadvantaged reapplicants). The immediate goal of our Reapplicant Program is to help participants become more competitive applicants, thereby increasing the number of disadvantaged students and underrepresented minorities gaining entry into US dental schools. Our long-term goal is to lessen health care disparities by better matching the dental provider and dental patient populations, and increasing the number of dentists practicing in underserved areas. The Program is intended for students that have already earned a bachelor's degree, have completed all pre-requisite course work for application to US dental schools, and have been unsuccessful in gaining entry into a US dental school. California residents are given preference, although residents of other states will be considered.

Admission Requirements and Guidelines

- Graduation from a regionally accredited institution of higher learning with a baccalaureate or higher degree and a final GPA of 2.5 or above, or a GPA of 2.5 or above for the most recent 60 semester units (90 quarter units) of course work. However, because application for admission to the Program is competitive, a higher GPA may be needed for acceptance. Bachelor's degree must be completed by the end of the first summer of participation.
- US dental school reapplicant intending to apply during the 2008-2009 or 2009-2010 AADSAS cycle.
- Minimum DAT scores of 14 for the Academic Average and PAT.
- Documented evidence of academically and/or economically disadvantaged background.
- Demonstrated desire to work with underserved communities or in communities with limited access to dental health care.
- Legal residents of California preferred, but residents of other states will be considered.
- Preference will be given to those who were granted an interview by a school of dentistry.
- Admissions finalists will be required to participate in a formal interview to be held on the SFSU, UCSF and/or Pacific campuses.

Structure

Timelines: The Program will guide and support a cohort of 12 participants for a period of 1- to 1½-years. Participants with strong GPAs but low DAT scores will be admitted to the **1-year program**, spanning from early-June until the end of May the following year. Participants with low GPAs, regardless of DAT scores, will be admitted to the **1½-year program**, spanning from early-July until the end of December the following year. The 1½-year program is designed to allow participants sufficient time to show sustained GPA improvement. See illustration below for details.



Summer Component

For participants in the **1-year program**, the summer component focuses on developing and refining learning skills, review of scientific subject matter (chemistry, biology, physics, etc.) in preparation for retaking the Dental Admissions Test (DAT), and personal development as it relates to being a health care professional. The DAT is taken at the end of the summer. Each participant will be advised as to the proper courses for which to register during the academic year. **The 2008 summer component will be held at SFSU for 8 weeks, from Monday, June 9 until Friday, August 1, with participants housed in SFSU student residences.**

For participants in the **1½-year program**, the first summer component consists of a **4-week Orientation & Academic Preparation Program**, to be held **Monday, July 7 until Friday, August 1**. Due to limited funds, participants in this Orientation & Academic Preparation Program will have to **arrange and pay for their own housing** (dorm rooms may be available for rent at SFSU). Participants in the 1½-year program will not take the DAT until the second summer component, in 2009.

Academic Year Component

For participants both the 1- or 1½-year programs, the academic year component consists of rigorous upper-division course work in the life sciences and related areas. The curriculum will be designed specifically to magnify the strengths of the student's academic profile. The academic year component will also focus on addressing real and perceived weaknesses in a student's preparatory background. It is expected that students undertake 9-12 units of rigorous, upper-division course work each semester, and maintain grades of B or above in these courses. The Program will provide each participant with regular contact with a Dental Faculty preceptor at UCSF or Pacific, who will offer a clinical clerkship and/or the opportunity to participate in

research. Finally, Program staff will work closely with each student to address all aspects of the application process. This includes 1) assisting with the completion of the primary application; 2) assisting with the development of a personal statement that clearly presents the challenges overcome by the student as well as other personal strengths; 3) advising each student in the selection of dental schools where the expectation for successful application is most likely; 4) assisting with the development of a strong secondary application; and 5) enhancement of interview skills. **The 2008-2009 academic year component will be held at SFSU during regular fall and spring semesters, with participants responsible for finding their own housing. A 5-week break occurs between semesters, from mid-December to late-January.**

Student Status

Students admitted to the SFSU/UCSF/Pacific Dental Reapplicant Program matriculate into SFSU as "2nd-Bacs". See SFSU's [Informal Post-Bac](#) web page for more details and a list of available courses.

Support

The Program provides support to participants by way of the following.

- Tuition reduction, DAT fees, dental school application fees.
- Subsidized and unsubsidized loans, the level and type of which depends on documented financial need.
- A 4-week summer Orientation & Academic Preparation Program that helps form a cohesive group and enhances study skills (1½-year Program only).
- An intensive 8-week summer DAT Prep Program that reinforces the knowledge and skills needed to achieve a high score on the DAT (both 1- and 1½-year Programs).
- Guidance and support from a Learning Specialist and a Stress-Management Specialist.
- A weekly *Dental Colloquium*.
- Rigorous upper-division science course work.
- Pairing of each participant with a Dental Faculty Preceptor at UCSF or Pacific.
- Occasional 1-2 hour lectures presented by SFSU Faculty, Dental Faculty and Dental Students from UCSF and Pacific.
- An opportunity to present a 10 minute PowerPoint talk on a dental topic to admissions officers and dental preceptors at UCSF or Pacific at the end of the fall semester.
- Enrollment in a weekend *Dental Simulation Laboratory* course at Pacific during the spring semester.
- The writing of a composite letter of recommendation.



SFSU/UCSF/Pacific 2008-2009 Dental Reapplicant Program *Application for Admission*

The California State University, the University of California and the University of the Pacific do not discriminate on the basis of race, color, national origin, gender, or physical handicap in the educational programs or activities they conduct.

Print out and complete this paper application. Mail it and supporting materials to:

Dr. Barry S. Rothman

Department of Biology, College of Science and Engineering

San Francisco State University, 1600 Holloway Avenue

San Francisco, CA 94132

Phone: 415-338-2410

Fax: 415-338-2295

E-Mail: dentreapp.sfsu@gmail.com

Please fill in all requested information below. Do not leave blanks; if an item does not apply to you, enter "N/A".

Personal Information

Last Name _____ First Name _____ Middle Name _____

Other Names (if applicable) _____ Social Security Number ____ - ____ - ____

Date of Birth _____ Place of Birth _____ Gender (M/F) _____

Are you a U.S. Citizen? **Yes** **No** If **No**, give immigration and visa status _____

Are you a California Resident? **Yes** **No** If **No**, give State of residence _____

Ethnicity (optional) _____ Native Language(s): _____

Other Language(s) (Fluency, High, Medium or Low): _____

Current Address: _____
Number Street

City State Zip Code

Permanent Address: _____
Number Street

City State Zip Code

Contact Information: () _____ () _____
(Area Code) Home Telephone Number (Area Code) Work Telephone Number

() _____
(Area Code) Cellular Telephone Number E-Mail Address (often checked)

Person who will **always** know your current address and contact information:

_____ () _____
Name Relationship (Area Code) Home Telephone Number

() _____
(Area Code) Cellular Telephone Number E-Mail Address

College Education

- Please fill out the table below. You must include information from **all** universities attended. Use a continuation page if more space is needed.
- You must have a Bachelor's degree from a **regionally accredited** university conferred by the time you begin the Program (www.msache.org/msache/content/oth2.html).
- You must include with this application **unofficial** transcripts from each of the schools listed below – **unofficial** transcripts can be downloaded from the internet, allowing you to complete this application quickly. They can also be copies of official transcripts.
- You must have earned a minimum 2.5 GPA for your Bachelor's Degree, or for last the 60 semester units or 90 quarter units of course work you have taken. However, because application for admission to the SFSU/UCSF/Pacific Dental Reapplicant Program is competitive, a higher GPA may be needed for acceptance. Indicate semester units with **S** and quarter units with **Q**.

University/College	City, State	Dates Attended	Major/Degree	Overall GPA	Total Units	System:
		From (MM/YY) - To (MM/YY)				S or Q
		From: To:	Major: Degree:			Circle one: S Q
		From: To:	Major: Degree:			Circle one: S Q
		From: To:	Major: Degree:			Circle one: S Q
		From: To:	Major: Degree:			Circle one: S Q

Pre-Requisites for Application to US Dental Schools

Please fill out the table below regarding pre-requisite courses. Please note any repeated courses by circling the total number of times the class was taken. Thus, a class taken only once has the **1** circled, while a class repeated once has the **2** circled. Please include **all** grades for repeated courses.

Course	Circle Number of Times Taken	School	Semester	Grade	Units	S or Q
Intro Bio I Lect/Lab	1 2 3					S Q
Intro Bio II Lect/Lab	1 2 3					S Q
*Intro Bio III Lect/Lab	1 2 3					Q
Genl Chem I Lect/Lab	1 2 3					S Q
Genl Chem II Lect/Lab	1 2 3					S Q
*Genl Chem III Lect/Lab	1 2 3					Q
Organic Chem I Lect/Lab	1 2 3					S Q
Organic Chem II Lect/Lab	1 2 3					S Q
*Organic Chem III Lect/Lab	1 2 3					Q-
Intro Physics I Lect/Lab	1 2 3					S Q
Intro Physics II Lect/Lab	1 2 3					S Q
*Intro Physics III Lect/Lab	1 2 3					Q
Biochemistry (1 or 2 semesters)	1 2 3					S Q
Calculus I	1 2 3					S Q

*Note: Only students from universities using the quarter system should make use of these rows.

Disadvantaged Status

If you are not a Disadvantaged Reapplicant, do not apply to this program; instead, apply to our [Adjunct Program](#).

*An individual is considered "disadvantaged" (42 CFR 57.1804(c)) if they:

- 1) come from an environment that has inhibited the individual from obtaining the knowledge, skill, and ability to enroll in and graduate from a health professions school, and/or
- 2) come from a family with an annual income below a level based on low-income thresholds according to family size, published by the U.S. Bureau of the Census in the Federal Register, and adjusted annually for changes in the Consumer Price Index.

2006 HHS Poverty Guidelines

Number of Persons in Family or Household	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$ 9,800	\$12,250	\$11,270
2	13,200	16,500	15,180
3	16,600	20,750	19,090
4	20,000	25,000	23,000
5	23,400	29,250	26,910
6	26,800	33,500	30,820
7	30,200	37,750	34,730
8	33,600	42,000	38,640
For each additional person, add	3,400	4,250	3,910

SOURCE: Federal Register, Vol. 71, No. 15, January 24, 2006, pp. 3848-3849
<http://aspe.hhs.gov/poverty/06poverty.shtml>

Disadvantaged Statement

On separate pages, write a **Statement of Disadvantage** that addresses the following, **each in a separate, numbered paragraph**. Failure to follow this format will result in the return of your application: 1) What **personal hardships** have you encountered in preparing for a career in dentistry? Which have you overcome and how did you do so? 2) What **educational hardships** have you encountered in preparing for a career in dentistry? Which have you overcome and how did you do so? 3) What **economic hardships** have you encountered in preparing for a career in dentistry? Which have you overcome and how did you do so? Documentation may be requested at a later time. Feel free to include any issues concerning your ethnic, racial, and cultural background.

Financial Aid

Please fill out the chart below, indicating the types of financial aid you have received since entering college. Use an extra sheet of paper if more space is needed.

Name and Type of Financial Aid (Scholarship, Loan, Government Subsistence, etc.)	Dollar Amount of Aid	Date Aid was Given
	\$	
	\$	
	\$	
	\$	

Résumé

Include a résumé that contains the following **headings**: 1) Employment, 2) Volunteer Experiences, 3) Leadership (include positions held in college organizations, 4) Dental Experiences, 5) Other Clinical Experiences, 6) Research (include a list of publications), 7) Professional and Academic Honors. Include dates and number of weekly/monthly hours for each experience. **Failure to follow this format will result in the return of your application.**

Personal Statement

On separate pages, write a personal statement that addresses the following, **each in a separate, numbered paragraph**: 1) Why have you chosen to pursue a career in dentistry? 2) What is your present preparedness and suitability for entering the dental field? 3) How have you used the resources available to you to help others? 4) What is the nature and type of dental practice you hope to establish after your professional training has been completed, including demographics of patient population and location? 5) To the best of your knowledge, why were you previously not admitted to a US dental school? 6) Why have you chosen to apply to the SFSU/UCSF/Pacific Dental Reapplicant Program? **Failure to follow this format will result in the return of your application**

References

Three professional references are required; two are preferred from a university faculty member. **If no faculty member is available as a reference**, on a separate sheet of paper please **explain why**. Send a *Reference Form* to each of your referees after you have **completed and signed the waiver section**. A **signed letter of recommendation on letterhead must accompany the Reference Form**. Ask your referees to place the *Reference Form* and letter of recommendation in an envelope, and then sign their name over the sealed back flap. Sealed references can either be included in your application packet or mailed separately. Unsigned or unsealed references will not be accepted.

Please fill out the table below.

References Table

Name	Institution	Relationship to You	Telephone	E-Mail
1. Required				
2. Required				
3. Required				

Application Status (see Introduction for explanations)*

<i>Choose one:</i> California Resident _____ Non-California Resident _____ <i>*Note: your application status may be changed by the Directors.</i>	<i>Choose one:</i> 1-Year Program _____ 1½-Year Program _____
--	---

Certification

I hereby certify that all the information I have submitted in this application and in support of my candidacy for admission to the SFSU/UCSF/Pacific Dental Reapplicant Program is complete and true to the best of my knowledge and belief. I understand that knowingly providing false, incomplete or misleading information may be grounds for denial of admission or, if discovered after an offer of admission has been made, for withdrawal of the offer of admission, or dismissal from the SFSU/UCSF/Pacific Dental Baccalaureate Program and San Francisco State University.

Applicant's Signature

Date

This Certification must be signed and dated for your application to be considered.



SFSU/UCSF/Pacific Dental Reapplicant Program 2008-2009 - Reference Form

Applicant: _____
Last Name
First Name
Middle Name
Other Last Name(s)

To the Applicant: Upon their admission to the SFSU/UCSF/Pacific Dental Reapplicant Program, the Family Educational Rights and Privacy Act of 1974 accords you the right to review these recommendations unless that right is waived. While applicants are not required to make such a waiver, they are advised that some individuals may not be willing to supply an appraisal in its absence.

I have requested that this reference form be completed by _____ for use in the
Name of Recommender
 admissions process of the SFSU/UCSF/Pacific Dental Reapplicant Program. In accordance with the Family Educational Rights and Privacy Acts of 1974, I hereby (*check one only*):

_____ **Waive access to this report, which should be considered confidential.**

_____ **Do not waive access to this report.**

Applicant's Signature
Date

To the Recommender: Thank you for sharing information about the applicant. **Please complete and sign this form. Include a signed written statement on letterhead indicating your impressions of the applicant.**

How long you have known the applicant? _____ Your relationship to the applicant: _____
Months, Years

For each characteristic below, circle a number from 1 (low) to 7 (high) or N/A.		Low	High
<i>Independence and Self-Direction</i>	Sets own goals, organizes and prioritizes work and initiates/ sustains activity to achieve goal.	1	2 3 4 5 6 7 N/A
<i>Responsibility and Accountability</i>	Responsible, dependable, and accountable for own actions.	1	2 3 4 5 6 7 N/A
<i>Oral Communications</i>	Assertive and articulate in expressing ideas.	1	2 3 4 5 6 7 N/A
<i>Written Communications</i>	Organizes ideas well and writes clearly.	1	2 3 4 5 6 7 N/A
<i>Critical Thinking</i>	Analyzes complex concepts, issues and problems by identifying critical components and their relationships.	1	2 3 4 5 6 7 N/A
<i>Creativity</i>	Develops new approaches, novel ideas, and imaginative solutions.	1	2 3 4 5 6 7 N/A
<i>Interpersonal Relationships</i>	Works collaboratively and cooperatively with others.	1	2 3 4 5 6 7 N/A
<i>Leadership</i>	Has vision for the future; inspires confidence and is respected by others; takes initiative in group work.	1	2 3 4 5 6 7 N/A
<i>Overall Rating of Applicant</i>	Overall rating as compared to other applicants to Post-Baccalaureate Programs.	1	2 3 4 5 6 7 N/A

Recommender Information:

Printed Name
Title

Department
Organization

Telephone
E-Mail

Signature
Date

Please place this **Reference Form** and a **signed, Written Statement on letterhead** in an envelope, seal it and sign across the back flap. Either give the envelope to the applicant or mail it to: **Dr. Barry S. Rothman, Department of Biology, College of Science and Engineering, San Francisco State University, 1600 Holloway Avenue, San Francisco, CA 94132. For inquiries, please e-mail: dentreapp.sfsu@gmail.com.**



SFSU/UCSF/Pacific Dental Reapplicant Program 2008-2009 - Reference Form

Applicant: _____
Last Name
First Name
Middle Name
Other Last Name(s)

To the Applicant: Upon their admission to the SFSU/UCSF/Pacific Dental Reapplicant Program, the Family Educational Rights and Privacy Act of 1974 accords you the right to review these recommendations unless that right is waived. While applicants are not required to make such a waiver, they are advised that some individuals may not be willing to supply an appraisal in its absence.

I have requested that this reference form be completed by _____ for use in the
Name of Recommender
 admissions process of the SFSU/UCSF/Pacific Dental Reapplicant Program. In accordance with the Family Educational Rights and Privacy Acts of 1974, I hereby (*check one only*):

_____ **Waive access to this report, which should be considered confidential.**

_____ **Do not waive access to this report.**

Applicant's Signature
Date

To the Recommender: Thank you for sharing information about the applicant. **Please complete and sign this form. Include a signed written statement on letterhead indicating your impressions of the applicant.**

How long you have known the applicant? _____ Your relationship to the applicant: _____
Months, Years

For each characteristic below, circle a number from 1 (low) to 7 (high) or N/A.		Low	High
<i>Independence and Self-Direction</i>	Sets own goals, organizes and prioritizes work and initiates/ sustains activity to achieve goal.	1 2 3 4 5 6 7	N/A
<i>Responsibility and Accountability</i>	Responsible, dependable, and accountable for own actions.	1 2 3 4 5 6 7	N/A
<i>Oral Communications</i>	Assertive and articulate in expressing ideas.	1 2 3 4 5 6 7	N/A
<i>Written Communications</i>	Organizes ideas well and writes clearly.	1 2 3 4 5 6 7	N/A
<i>Critical Thinking</i>	Analyzes complex concepts, issues and problems by identifying critical components and their relationships.	1 2 3 4 5 6 7	N/A
<i>Creativity</i>	Develops new approaches, novel ideas, and imaginative solutions.	1 2 3 4 5 6 7	N/A
<i>Interpersonal Relationships</i>	Works collaboratively and cooperatively with others.	1 2 3 4 5 6 7	N/A
<i>Leadership</i>	Has vision for the future; inspires confidence and is respected by others; takes initiative in group work.	1 2 3 4 5 6 7	N/A
<i>Overall Rating of Applicant</i>	Overall rating as compared to other applicants to Post-Baccalaureate Programs.	1 2 3 4 5 6 7	N/A

Recommender Information:

Printed Name
Title

Department
Organization

Telephone
E-Mail

Signature
Date

Please place this Reference Form and a signed, Written Statement on letterhead in an envelope, seal it and sign across the back flap. Either give the envelope to the applicant or mail it to: Dr. Barry S. Rothman, Department of Biology, College of Science and Engineering, San Francisco State University, 1600 Holloway Avenue, San Francisco, CA 94132. For inquiries, please e-mail: dentreapp.sfsu@gmail.com.



SFSU/UCSF/Pacific Dental Reapplicant Program 2008-2009 - Reference Form

Applicant: _____
Last Name
First Name
Middle Name
Other Last Name(s)

To the Applicant: Upon their admission to the SFSU/UCSF/Pacific Dental Reapplicant Program, the Family Educational Rights and Privacy Act of 1974 accords you the right to review these recommendations unless that right is waived. While applicants are not required to make such a waiver, they are advised that some individuals may not be willing to supply an appraisal in its absence.

I have requested that this reference form be completed by _____ for use in the
Name of Recommender
 admissions process of the SFSU/UCSF/Pacific Dental Reapplicant Program. In accordance with the Family Educational Rights and Privacy Acts of 1974, I hereby (*check one only*):

_____ **Waive access to this report, which should be considered confidential.**

_____ **Do not waive access to this report.**

Applicant's Signature
Date

To the Recommender: Thank you for sharing information about the applicant. **Please complete and sign this form. Include a signed written statement on letterhead indicating your impressions of the applicant.**

How long you have known the applicant? _____ Your relationship to the applicant: _____
Months, Years

For each characteristic below, circle a number from 1 (low) to 7 (high) or N/A.		Low	High
<i>Independence and Self-Direction</i>	Sets own goals, organizes and prioritizes work and initiates/ sustains activity to achieve goal.	1 2 3 4 5 6 7	N/A
<i>Responsibility and Accountability</i>	Responsible, dependable, and accountable for own actions.	1 2 3 4 5 6 7	N/A
<i>Oral Communications</i>	Assertive and articulate in expressing ideas.	1 2 3 4 5 6 7	N/A
<i>Written Communications</i>	Organizes ideas well and writes clearly.	1 2 3 4 5 6 7	N/A
<i>Critical Thinking</i>	Analyzes complex concepts, issues and problems by identifying critical components and their relationships.	1 2 3 4 5 6 7	N/A
<i>Creativity</i>	Develops new approaches, novel ideas, and imaginative solutions.	1 2 3 4 5 6 7	N/A
<i>Interpersonal Relationships</i>	Works collaboratively and cooperatively with others.	1 2 3 4 5 6 7	N/A
<i>Leadership</i>	Has vision for the future; inspires confidence and is respected by others; takes initiative in group work.	1 2 3 4 5 6 7	N/A
<i>Overall Rating of Applicant</i>	Overall rating as compared to other applicants to Post-Baccalaureate Programs.	1 2 3 4 5 6 7	N/A

Recommender Information:

Printed Name
Title

Department
Organization

Telephone
E-Mail

Signature
Date

Please place this Reference Form and a signed, Written Statement on letterhead in an envelope, seal it and sign across the back flap. Either give the envelope to the applicant or mail it to: Dr. Barry S. Rothman, Department of Biology, College of Science and Engineering, San Francisco State University, 1600 Holloway Avenue, San Francisco, CA 94132. For inquiries, please e-mail: dentreapp.sfsu@gmail.com.

Application Checklist

Do not include with Application – Keep for your records.

- Personal Information (*on application; see page 4*)
- College Education (*Table on application; see page 5*)
- Pre-Requisites for US Dental Schools (*Table on application; be sure to note all courses taken, any repeated courses, and grades earned; see page 5*).
- One **official** transcript from each college/university you have attended. (*Have each school's Registrar mail in sealed envelope to: Dr. Barry S. Rothman, Department of Biology, San Francisco State University, 1600 Holloway Ave., San Francisco, CA 94132*).
- Disadvantaged Statement (*see page 6; additional pages required; please address all 3 questions listed in this section, each question answered in a separate paragraph. Documentation may be requested at a later time. **If you are not a Disadvantaged Reapplicant, do not apply to this program; instead, apply to our [Adjunct Program](#)***).
- Financial Aid (*Table on application, see page 6; use extra page if needed*).
- Résumé (*additional pages; please address all 7 areas listed in this section, each area listed under a separate heading; see page 7*).
- Personal Statement (*additional pages; please address all 6 questions listed in this section, each question answered in a separate paragraph; see page 7*).
- References (*Table on application; see page 7*).
- Application Status (*Check appropriate status for two categories listed; see page 7*).
- Certification (*must be signed for application to be considered; see page 7*).
- Three letters of reference (*See page 8-10. Please submit three original letters of recommendation, at least two from science professors who taught you. One letter from a dentist, community clinic or volunteer agency or any other related experience is strongly encouraged*). Each envelope must contain a signed, completed **Reference Form**, and a signed, **written letter of recommendation** on letterhead. The referee must sign across the sealed back flap of the envelope. Letters of references may be included with your application or mailed separately.
- A recent **complete** copy of your AADSAS application.
- A copy of a denial letter from a U.S. school of dentistry. (***If you are not a Disadvantaged Reapplicant, do not apply to this program; instead, apply to our [Adjunct Program](#)***).
- A copy of a letter from a school of dentistry inviting you to an interview (*if available, strongly recommended*).
- CSU Residency Questionnaire (*page 12 of this paper application*).
- Please make copies of all submitted materials, except confidential letters of reference, for your records.

Note: *Online Applications for informal post-bac (2nd-bac) status are no longer required because informal post-bac admissions for fall 2008 were closed in mid-January due to severe California budget cuts. Those admitted to the SFSU/UCSF/Pacific Dental Reapplicant Program will receive special admission as informal post-bacs for fall 2008 and information on applying for financial aid.*

E-mail any questions to dentreapp.sfsu@gmail.com, or call 415-338-2410.

Application Deadline: April 4, 2008

