

UMKC School of Dentistry

Reserved Admissions Program Semester Update

Each semester it is important for the Admissions Committee to see evidence of your continued preparation for Dental School. Please use the following form to provide information about your previous semester. This form should be completed at the end of each Fall and Spring semester.

Name:		Signature:		Date:	
Email:					
Phone:					

Please use the space below to update any changes in names, address, email, college, entry year, etc.:

ACADEMIC Please submit a copy of your unofficial transcript showing your completed coursework for the previous semester. In the space below list your planned courses for the upcoming semester.

School	Semester	Courses Planned	Credit Hours

(Science GPA includes all math & natural science coursework. RAP students should be working toward a 3.6 science GPA and 19 DAT.)			
Current Overall GPA:		Total Hours:	
Current Science GPA:		Total Science Hours:	
DAT Score:		Future DAT Test Date:	

CRITICAL THINKING

Please identify a recent article/journal/book etc. related to dentistry. Use it to answer the following questions.	
Please summarize the literature and how it relates to dentistry.	
How will this information impact the world of dentistry as a whole?	
How can/do you plan to practically use the information from the literature?	

INVESTIGATION OF DENTISTRY Please indicate additional experiences since your initial application. The average accepted dental student has shadowed in 7 different offices with 175+ hours of experience. Additionally, almost half of the accepted students have worked in a dental office or dental lab and have many additional experiences in the dental profession.

DENTIST & PRACTICE NAME	LOCATION	DATE(S)	TOTAL HOURS
1.			
Dental Area (Generalist, Specialist, Dental Lab, Etc.): Please Indicate the Type(s) of Experience (Shadow, Volunteer, Paid Work, Other): Brief Description:			
2.			
Dental Area (Generalist, Specialist, Dental Lab, Etc.): Please Indicate the Type(s) of Experience (Shadow, Volunteer, Paid Work, Other): Brief Description:			
3.			
Dental Area (Generalist, Specialist, Dental Lab, Etc.): Please Indicate the Type(s) of Experience (Shadow, Volunteer, Paid Work, Other): Brief Description:			
4.			
Dental Area (Generalist, Specialist, Dental Lab, Etc.): Please Indicate the Type(s) of Experience (Shadow, Volunteer, Paid Work, Other): Brief Description:			

Please provide a reflection summary below regarding a current or future issues or development in oral healthcare (250 word maximum.) A reference should be provided listing the article or resource you investigated to expand your understanding. What did you learn? Why is this important to you? (Recommended professional resources include, but are not limited to: American Student Dental Association's *Mouth* magazine; American Dental Association's *Journal of the American Dental Association*; Missouri Dental Association's *Focus* magazine; Kansas Dental Association's *Journal of the Kansas Dental Association*; American Dental Education Association's *Journal of Dental Education*.)

Please indicate recent/significant leadership positions you have held or taken on (student government, athletic teams, clubs, tutoring, community service, work etc.). (Space is provided for four different leadership positions. If you have held additional leadership positions, please include those also.)

ORGANIZATION	POSITION	DATE(S)	WEEKLY HOURS / TOTAL HOURS
1.			
2.			
3.			
4.			
5.			

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SOCIAL CONSCIENCE & COMPASSION / COMMUNITY SERVICE

Please indicate additional experiences since your initial application. The average accepted dental student has participated in 200+ hours of service in more than five different community service activities while in college.

ORGANIZATION	LOCATION	DATE(S)	TOTAL HOURS
1.			
Please indicate the frequency of your service (one-time, weekly, monthly, yearly, etc.):			
Your service included:			
2.			
Please indicate the frequency of your service (one-time, weekly, monthly, yearly, etc.):			
Your service included:			
3.			
Please indicate the frequency of your service (one-time, weekly, monthly, yearly, etc.):			
Your service included:			
4.			
Please indicate the frequency of your service (one-time, weekly, monthly, yearly, etc.):			
Your service included:			

TIME MANAGEMENT BEHAVIOR / PERSONAL CHARACTER / CRITICAL THINKING / OTHER

Please use the space below to share experiences that have allowed you to grow in the above areas. You are not required to address every area, but we would like to hear about new experiences that will aid you in your preparation for dental school.

ETHICS

Please complete the following three questions regarding your ethical growth.

How do you define Ethics?

How have your ethics grown or changed over the course of the past semester?

Please describe a recent situation where your actions were guided by your personal ethics.