

UMDNJ-New Jersey Dental School

DENTAL SCHOOL ADMISSIONS SYMPOSIUM

THURSDAY, APRIL 23, 2009

9:00 a.m. – 12:30 p.m.

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office/School Phone: \_\_\_\_\_

Please check one:  Student  Advisor  Parent  Other (Specify) \_\_\_\_\_

School Affiliation: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

(if applicable)

E-mail address: \_\_\_\_\_

Please return this form by **Friday, April 17, 2009** to the following address:

**Ms. Sandie Armand  
UMDNJ- New Jersey Dental School  
Office of Admissions & Recruitment  
110 Bergen Street, Room B-830  
Newark, NJ 07101-1709**

All inquiries should be directed to Ms. Armand at the address listed above or via e-mail to:

[<armandsa@umdnj.edu>](mailto:armandsa@umdnj.edu).

**Web Site: <http://www.umdnj.edu/symposium.htm>**