

The University of Michigan School of Dentistry
Office of the Registrar
Universal Request Form

Name _____

Date _____

By signing here, I, _____, hereby authorize the release of the following information contained in my dental school record per this request.

DDS student Graduate student Class of _____ Grad Program _____

UMID _____ or last 4 digits of S.S# _____

Contact me by phone at _____ Email address _____

Request for

- Certification of enrollment
- Certification of graduation
- Jury duty postponement (jury duty notice must accompany request)
- Externship letter (must include type/dates of program and institution you will be visiting)
Optional: GPA Class rank National Board Scores
- Other (please explain) _____

Instructions for completed paperwork:

- I will pick it up.
- Fax it to (_____) _____
- Mail or Email it to the address(es) I have provided below:

Postdoctoral / Specialty applications only

DEAN'S LETTER REQUESTS ONLY (Complete information below) **Please allow 30 days to process.**
Dean's letter of recommendation: You must submit a current curriculum vitae & personal statement.

- I waive my right to access my letter of recommendation and any forms incident to this request.
- I do not waive my right to access my letter of recommendation or any forms incident to this request.

Post-doctoral field of specialization: _____ Program Submission Deadline: _____

- AEGD GPR Orthodontics Pediatric Dentistry Oral Pathology
- Endodontics Periodontics Oral Surgery Prosthodontics

Application Method:

- PASS Online
- non-PASS schools – How many copies of the Dean's letter do you need? ____ (Provide addresses).

I have completed: NBDE I on (month and year) _____ NBDEII (month and year) _____

For non-PASS: Check the appropriate boxes for the information you would like included in your letter.

- GPA Class rank National Board Scores